2006 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P04000086356



FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90331 011 ***150.00

STERLING EMERGENCY PHYSICIANS OF WEST BOCA, P.A.													
Principal Place of Business 1000 PARK FORTY PLAZA, SUITE 500 DURHAM, NC 27713 Mailing Address 1000 PARK FORTY PLAZA, DURHAM, NC 27713						, SUITE 500		40072		EBIEL 16318 3111	FB #1101 01110 011	187 1 1 88 1	
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01042006	Chg-P	CR2E03	34 (11/05)		
City & State	ity & State			City & State				4. FEI Numb 20-119			_ ``	plied For t Applicable	
Zip	•	Country		Zip Coun				5. Certificate	of Status Desired		8.75 Addi ee Required		
Name and Address of Current Registered Agent								7. Name and	Address of New Re	gistered A	gent		
O T CODDODATION OVOTERA						Name							
C T CORPORATION SYSTEM C/O C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324						Street Address (P.O. Box Number is Not Acceptable)							
						City	FL Zip Code						
	8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.												
SIGNATURE_	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees													
10.		OFFICERS AND	DIRE	CTORS	11.			ADDITIONS	CHANGES TO OFFI	CERS AND	DIRECTORS	3 IN 11	
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name Street address	DRESNICK, STEPHEN J MD 1000 PARK FORTY PLAZA, SUITE 500					ET ADDRESS						1	
CITY-ST-ZIP	DURHAM, NC 27713						_						
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12. I hereby (L	ne information supplied wi	th this	filing does not qualify to	r the ex	emptions o	ontaine	d in Chapter 11	9, Florida Statutes. I	further certi	fy that the ir	nformation	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if													
changed	or on an att	achment with an address	, with a	all other like empowered		,							
		Flannin	1.0	Mulled	1				11-17-1				

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

47606

Daytime Phone #