

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000086356

1. Entity Name  
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, SUITE 500  
DURHAM, NC 27713

2. Principal Place of Business - No P.O. Box #  
1000 PARK FORTY PLAZA

3. Mailing Address  
1000 PARK FORTY PLAZA

Suite, Apt. #, etc.  
SUITE 500

Suite, Apt. #, etc.  
SUITE 500

City & State  
DURHAM NC

City & State  
DURHAM NC

Zip  
27713

Country

Zip  
27713

Country

04192007 Chg-P CR2E034 (12/06)

4. FEI Number  
20-1198095

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
C/O C T CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

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, 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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete  
NAME DAUCHERT, EUGENE F JR  
STREET ADDRESS 1000 PARK FORTY PLAZA, SUITE 500  
CITY-ST-ZIP DURHAM, NC 27713

TITLE T ☒ Delete  
NAME SPOON, EILEEN  
STREET ADDRESS 1000 PARK FORTY PLAZA SUITE 500  
CITY-ST-ZIP DURHAM, NC 27713

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT/DIRECTOR ☐ Change ☒ Addition  
NAME ROLAND CLARK, MD  
STREET ADDRESS 1000 PARK FORTY PLAZA, STE 500  
CITY-ST-ZIP DURHAM, NC 27713

TITLE TREASURER/CFO ☐ Change ☒ Addition  
NAME JAMES M. DOUTHITT  
STREET ADDRESS SAME ADDRESS ABOVE  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-07

Date

919-383-0355

Daytime Phone #

FILED

2007 JUN 15 PM 12:14

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

