

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 JUL 31 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07092008 Chg-P CR2E034 (12/06)

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 # 6400 Atlantic Blvd	
3. Mailing Address LEGAL DEPT. 6400 Atlantic Blvd		Suite, Apt. #, etc.	
City & State Jacksonville FL		City & State Jacksonville FL	
Zip 32211		Country Duval	
4. FEI Number 20-1198095		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLARK, ROLAND MD 1000 PARK FORTY PLAZA, SUITE 500 DURHAM, NC 27713 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Treasurer Michael Pinell, MD 6400 Atlantic Blvd / Jacksonville FL 32211 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO DOUTHITT, JAMES 1000 PARK FORTY PLAZA SUITE 500 DURHAM, NC 27713 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Joel P. McMains 6400 Atlantic Blvd / Jacksonville FL 32211 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300133965823 08/05/08--01004--023 **550.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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:		Joel P. McMains, Secretary 904-805-1300	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	