


## 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000086359</b> 1. Entity Name <b>STERLING EMERGENCY PHYSICIANS OF PARKWAY, P.A.</b>	
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FILED  
05 OCT 20 AM 9:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>1000 PARK FORTY PLAZA SUITE 500 DURHAM, NC 27713</b>	Mailing Address <b>1000 PARK FORTY PLAZA SUITE 500 DURHAM, NC 27713</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10122005 REIN-P CR2E098 (6/04)

4. FEI Number <b>20-1196181</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code
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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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	<b>PD</b>						
	<b>DRESNICK, STEPHEN J MD</b>						
	<b>1000 PARK FORTY PLAZA STE 500</b>						
	<b>DURHAM, NC 27713</b>						
	<b>S</b>						
	<b>DAUCHERT, EUGENE F JR</b>						
	<b>1000 PARK FORTY PLAZA STE 500</b>						
	<b>DURHAM, NC 27713</b>						
	<b>T</b>						
	<b>DRESNICK, STEPHEN J MD</b>						
	<b>1000 PARK FORTY PLAZA STE 500</b>						
	<b>DURHAM, NC 27713</b>						

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Eugene F Dauchert* 10-13-05 919-383-0355  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #