

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000086359

1. Entity Name  
STERLING EMERGENCY SERVICES OF MIAMI-DADE  
COUNTY, 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 #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04192007

Chg-P

CR2E034 (12/06)

4. FEI Number

20-1196181

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 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

