2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED **DOCUMENT # P04000086359** STERLING EMERGENCY SERVICES OF MIAMI-DADE 08 JUL 31 PM 1:42 COUNTY, P.A. SECREIARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 1000 PARK FORTY PLAZA 1000 PARK FORTY PLAZA SUITE 500 SUITE 500 DURHAM, NC 27713 DURHAM, NC 27713 2. Principal Place of Business - No P.O. Box # . Mailing Address LEGAL DEPT. 6400 Atlantic Blvd 3. Mailing Address 6400 Atlantic Blvd Suite, Apt. #, etc. Suite, Apt. #, etc. 07092008 CR2E034 (12/06) Chg-P Applied For City & State 4. FEI Number City & State Jacksonville, Jacksonville, 20-1196181 Not Applicable FLFLZip Country Zσ Country \$8.75 Additional 5. Certificate of Status Desired 32211 32211 Fee Required Duva1 Duva1 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code City FL 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, typist or pureed name; of ingestered agent and title if applicable (NOTE: Registered Agent signature required when renatating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution Added to Fees Due by September 12, 2008 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. PD XI Delete TITLE President, Treasurer Change Addition TITES CLARK, ROLANDO HAME NAME Michael Pinell, MD 1000 PARK FORTY PLAZA, STE 500 STREET ADDRESS STREET ADDRESS 6400 Atlantic Blvd / Jacksonville FL 32211 CITY-ST-ZIP DURHAM, NC 27713 CITY-ST-ZIP Delete Change TCFO HILE Secretary [X] Addition TITLE NAME DOUTHITT, JAMES M NAME Joel P. McMains STREET ADDRESS STREET ACORESS 1000 PARK FORTY PLAZA SUITE 500 6400 Atlantic Blvd / Jacksonville FL 32211 CITY-ST-78P CITY-ST-ZIP **DURHAM, NC 27713** ☐ Change ☐ Addition ☐ Deicte TITLE TITLE 500133965805 08/05/08--01004--022 **55 NAME NAME STREET ADDRESS STREET ADDRESS **550.0D CITY-ST-ZIP CAY-ST-ZIP Change ☐ Addition TITE.E Delete TITLE NAME HALLE STREET ADDRESS STREET ADDRESS CHY-SI-DP CITY-ST-7/P Addition HILE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST- DP ☐ Change ☐ Addition Delete TULE HHE NAME NAME STREET ADDRESS STREET ADDRESS City-St-2iP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 offect 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 d changed, or on an attachment with an address, with all other like empowered. 904-805-1300 Joel P. McMains. Secretary SIGNATURE: Date Davistre Phone 4 SICER OR DIRECTOR