FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000047863 (3)**

1. Corporation Name

STERLING REGIONAL EMERGENCY SERVICES, INC.

Principal Place of Business

2333 PONCE DE LEON BLVD.
SUITE 511
CORAL GABLES FL 33134-5407

Mailing Address

2333 PONCE DE LEON BLVD.
SUITE 511
CORAL GABLES FL 33134-5407

3. Date Incorporated or Qualified: **06/27/1994**

3a. Date of Last Report: **03/15/1995**

4. FEI Number: **65-0507698** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 6855 South Red Road
Suite, Apt. #, etc.
22 400
City & State
23 Coral Gables, FL
Zip 24 33143 Country 25 USA

2a. Mailing Address

26 6855 South Red Road
Suite, Apt. #, etc.
27 400
City & State
28 Coral Gables, FL
Zip 29 33143 Country 30 USA

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (Signature of New Registered Agent) (Date) (Title)

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	DRESNICK, STEPHEN J	
STREET ADDRESS	2333 PONCE DE LEON BLVD. SUITE 511	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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NAME		
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CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DP	☒ Change ☐ Addition
12 NAME		
13 STREET ADDRESS	6855 South Red Road, Suite 400	
14 CITY-ST-ZIP	Coral Gables, FL 33143	
21 TITLE	VP	☐ Change ☒ Addition
22 NAME	Jack S. Greenman, CPA	
23 STREET ADDRESS	6855 South Red Road, Suite 400	
24 CITY-ST-ZIP	Coral Gables, Florida 33143	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing 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 12 or Block 13 if changed, or added, above or on an attachment with an address.

SIGNATURE: Stephen J Dresnick 03/28/96 (305) 665-1911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone)

Stephen J. Dresnick VP President