

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90294 007 ***150.00

DOCUMENT # P96000008052

1. Entity Name

PHYAMERICA EMERGENCY SERVICES OF ORLANDO, INC.

Principal Place of Business

Mailing Address

1600 S FEDERAL HIGHWAY
 SUITE 300
 POMPANO BEACH FL 33062
 US

P.O BOX 15309
 DURHAM NC 27704-0309
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2130467

Applied For

Not Applicable

Zip

Country

Zip

Country

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	PODOLSKY, SHERMAN M MD	
STREET ADDRESS	2828 CROASDAILE DR	
CITY-ST-ZIP	DURHAM NC 27705	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MCDUFFIE, EDITH	
STREET ADDRESS	2828 CROASDAILE DR	
CITY-ST-ZIP	DURHAM NC 27705	
TITLE	AS	<input type="checkbox"/> Delete
NAME	DAVIS, TAMMY	
STREET ADDRESS	2828 CROASDAILE DRIVE	
CITY-ST-ZIP	DURHAM NC 27705	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	BREDESON, CHRISTOPHER	
STREET ADDRESS	1600 S FEDERAL HWY, STE 300	
CITY-ST-ZIP	POMPANO BEACH FL 33068	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	PETREA, JOAN R	
STREET ADDRESS	2828 CROASDAILE DR	
CITY-ST-ZIP	DURHAM NC 27705	
TITLE	DST	<input type="checkbox"/> Delete
NAME	GUDINAS, PAT	
STREET ADDRESS	1600 S FEDERAL HWY, STE 300	
CITY-ST-ZIP	POMPANO BEACH FL 33068	

TITLE	DIRECTOR/VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPBELL, DONNA	
STREET ADDRESS	1600 S FEDERAL HWY STE 300	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAUCHERT, EUGENE F. JR	
STREET ADDRESS	2828 CROASDAILE DRIVE	
CITY-ST-ZIP	DURHAM NC 27705	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEELE, DIANNE	
STREET ADDRESS	2828 CROASDAILE DRIVE	
CITY-ST-ZIP	DURHAM NC 27705	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tammy Davis **TAMMY DAVIS**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00
 Date

(919) 383-0355
 Daytime Phone #

CR2E034 (9/99)