

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000008052

1. Entity Name

PHYAMERICA EMERGENCY SERVICES OF ORLANDO, INC.

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

05-15-2000 90294 007 \*\*\*150.00

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  
NAME PODOLSKY, SHERMAN M MD  
STREET ADDRESS 2828 CROASDAILE DR  
CITY-ST-ZIP DURHAM NC 27705 ☐ Delete

TITLE DIRECTOR/VICE PRESIDENT  
NAME CAMPBELL, DONNA  
STREET ADDRESS 1600 S FEDERAL HWY STE 300  
CITY-ST-ZIP POMPANO BEACH, FL 33062 ☐ Change ☒ Addition

TITLE V  
NAME MCDUFFIE, EDITH  
STREET ADDRESS 2828 CROASDAILE DR  
CITY-ST-ZIP DURHAM NC 27705 ☒ Delete

TITLE VICE PRESIDENT  
NAME DAUCHERT, EUGENE F. JR  
STREET ADDRESS 2828 CROASDAILE DRIVE  
CITY-ST-ZIP DURHAM NC 27705 ☐ Change ☒ Addition

TITLE AS  
NAME DAVIS, TAMMY  
STREET ADDRESS 2828 CROASDAILE DRIVE  
CITY-ST-ZIP DURHAM NC 27705 ☐ Delete

TITLE VICE PRESIDENT  
NAME STEELE, DIANNE  
STREET ADDRESS 2828 CROASDAILE DRIVE  
CITY-ST-ZIP DURHAM NC 27705 ☐ Change ☒ Addition

TITLE DV  
NAME BREDESON, CHRISTOPHER  
STREET ADDRESS 1600 S FEDERAL HWY, STE 300  
CITY-ST-ZIP POMPANO BEACH FL 33068 ☒ Delete

TITLE ☐ Change ☐ Addition

TITLE AS  
NAME PETREA, JOAN R  
STREET ADDRESS 2828 CROASDAILE DR  
CITY-ST-ZIP DURHAM NC 27705 ☒ Delete

TITLE ☐ Change ☐ Addition

TITLE DST  
NAME GUDINAS, PAT  
STREET ADDRESS 1600 S FEDERAL HWY, STE 300  
CITY-ST-ZIP POMPANO BEACH FL 33068 ☐ Delete

TITLE ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)