

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000067019

1. Entity Name
STERLING EMERGENCY SERVICES OF MINNESOTA,
INC.



Principal Place of Business
1000 PARK FORTY PLAZA
500
DURHAM, NC 27713 US

Mailing Address
1000 PARK FORTY PLAZA
500
DURHAM, NC 27713 US

2007 MAY 15 PM 3:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA



04192007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0752548

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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 _____ (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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT / CEO ☐ Change ☒ Addition
NAME ROBERT J. BUNKER
STREET ADDRESS 1000 PARK FORTY PLAZA, STE 500
CITY-ST-ZIP DURHAM NC 27713

TITLE VP / SECRETARY ☐ Change ☒ Addition
NAME KIMBERLY A. LILLY
STREET ADDRESS SAME ADDRESS ABOVE

TITLE TREASURER / CFO ☐ Change ☒ Addition
NAME JAMES M. DOUTHITT
STREET ADDRESS SAME ADDRESS ABOVE

TITLE VP / ASSISTANT SEC ☐ Change ☒ Addition
NAME JOEL P. MCMAINS
STREET ADDRESS SAME ADDRESS ABOVE

TITLE ☐ Change ☐ Addition
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

4-23-07 919-383-0355

Date Daytime Phone #