

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90135 036 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000016126

1. Entity Name

PHYAMERICA PHYSICIAN SERVICES OF FLORIDA, INC.

Principal Place of Business

Mailing Address

2828 CROUSDALE DRIVE
 NC 27705

2828 CROUSDALE DRIVE
 DURHAM NC 27705-2505
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

56-2082995

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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
 NAME **DV** ☒ Delete
BREDESON, CHRISTOPHER
 STREET ADDRESS **1600 S. FEDERAL HIGHWAY, SUITE 300**
 CITY-ST-ZIP **POMPANO BEACH FL 33062**

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

TITLE ☐ Delete
 NAME **DST**
 STREET ADDRESS **GUCHEHAS, PAT**
 CITY-ST-ZIP **1600 S. FEDERAL HIGHWAY, SUITE 300**
POMPANO BEACH FL 33062

TITLE **DST** ☒ Change ☐ Addition
 NAME **GUDINAS, PAT**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **PODOLSKY, SHERMAN M M.D.**
 CITY-ST-ZIP **1600 S. FEDERAL HIGHWAY, SUITE 300**
POMPANO BEACH FL 33062

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

TITLE ☒ Delete
 NAME **V**
 STREET ADDRESS **MCDOFFIE, EDITH**
 CITY-ST-ZIP **2820 CROUSDALE DRIVE**
DURHAM NC 27705

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

TITLE ☐ Delete
 NAME **AJ**
 STREET ADDRESS **DAVIS, TAMMY**
 CITY-ST-ZIP **2828 CROUSDALE DRIVE**
ARLINGTON VA 22205

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **AS**
 STREET ADDRESS **RETREA, JOAN R**
 CITY-ST-ZIP **2828 CROUSDALE DRIVE**
DURHAM NC 27705

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00
 Date

(919) 383-0355
 Daytime Phone #

CR2E034 (9/99)