

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000005848

1. Entity Name
STERLING EMERGENCY SERVICES OF ALABAMA, 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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04192007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0887127

Applied For
Not Applicable

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

CT 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE PRESIDENT / CEO ☐ Change ☒ Addition
NAME ROBERT J. BUNKER
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 VPI SECRETARY ☐ Change ☒ Addition
NAME KIMBERLY A. LILATA
STREET ADDRESS SAME ADDRESS ABOVE
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPI ASSISTANT SEC. ☐ Change ☐ Addition
NAME JOEL P. MCMAINS
STREET ADDRESS SAME ADDRESS ABOVE
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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

Date

919-383-0355

Daytime Phone #

FILED

2007 JUN 15 PM 12:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

