

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000054053 1. Entity Name STERLING EMERGENCY SERVICES OF KENTUCKY, INC.						FILED 05 OCT 20 AM 9:19 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1000 PARK FORTY PLAZA DURHAM, NC 27713				Mailing Address 1000 PARK FORTY PLAZA DURHAM, NC 27713			
2. Principal Place of Business Suite, Apt. #, etc. 500				3. Mailing Address Suite, Apt. #, etc. 500			
City & State 				City & State 			
Zip 		Country 		Zip 		Country 	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DRESNICK, STEPHENS J MD. 2828 CROASDAILE DR. DURHAM, NC 27705 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1000 PARK FORTY PLAZA STE 500 DURHAM, NC 27713		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCFO DAUCHERT, EUGENE F JR 2828 CROASDAILE DR. DURHAM, NC 27705 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1000 PARK FORTY PLAZA STE 500 DURHAM, NC 27713		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DAVIS, TAMMY 2828 CROASDAILE DRIVE DURHAM, NC 27705 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700060831517 10/20/05--01058--004 **150.00		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SPOON, EILEEN E 2828 CROASDAILE DRIVE DURHAM, NC 27705 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1000 PARK FORTY PLAZA STE 500 DURHAM, NC 27713		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <div style="font-size: 2em; font-family: cursive;"> 10/25 </div>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>Eileen E Spoon</i>				10/12/05 919-768-4502			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			