

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000054053

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



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

Mailing Address  
1000 PARK FORTY PLAZA  
500  
DURHAM, NC 27713

FILED  
2007 MAY 15 PM 4:45  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



04192007 Chg-P CR2E034 (12/06)

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

4. FEI Number  
65-0925773

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  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
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 fee 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  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
P  
DAUCHERT, EUGENE F JR  
1000 PARK FORTY PLAZA, STE 500  
DURHAM, NC 27713 ☒ Delete

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
VP/ SECRETARY  
KIMBERLY A. LICATA  
SAME ADDRESS ABOVE ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
VP/ ASSISTANT SEC.  
JUEL P. MC MAINS  
SAME ADDRESS ABOVE ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
100104425141  
06/15/07--01025--025 \*\*2400.00 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

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

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:

*James M. Douthitt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-07

919-383-0355

Date

Daytime Phone #