

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90350 042 ***150.00

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



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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0941022

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T 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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME DRESNICK, STEPHEN J MD
STREET ADDRESS 2828 CROASDAILE DR
CITY-ST-ZIP DURHAM, NC 27705

TITLE VS ☐ Delete
NAME DAUCHERT, EUGENE F JR
STREET ADDRESS 2828 CROASDAILE DR
CITY-ST-ZIP DURHAM, NC 27705

TITLE T ☐ Delete
NAME SPOON, EILEEN E
STREET ADDRESS 2828 CROASDAILE DR
CITY-ST-ZIP DURHAM, NC 27705

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

TITLE Pres. ☒ Change ☐ Addition
NAME EUGENE F. DAUCHERT JR
STREET ADDRESS 1000 PARK FORTY PLAZA #500
CITY-ST-ZIP DURHAM, NC 27713

TITLE T ☐ Change ☒ Addition
NAME Eileen Spoon
STREET ADDRESS 1000 PARK FORTY PLAZA #500
CITY-ST-ZIP DURHAM, NC 27713

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

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:

Eileen Spoon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-06
Date

Daytime Phone #