

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000076878

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

2007 MAY 15 PM 3:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA



04192007 Chg-P CR2E034 (12/06)

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DAUCHERT, EUGENE F JR	
STREET ADDRESS	1000 PRK FORTY PL 500	
CITY-ST-ZIP	DURHAM, NC 27713	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SPOON, EILEEN E	
STREET ADDRESS	2828 CROASDALE DR	
CITY-ST-ZIP	DURHAM, NC 27705	
TITLE	T	<input type="checkbox"/> Delete
NAME	SPOON, EILEEN	
STREET ADDRESS	1000 PRK FORTY PL 500	
CITY-ST-ZIP	DURHAM, NC 27713	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT / CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT J. BUNKER	
STREET ADDRESS	1000 PARK FORTY PLAZA, STE 500	
CITY-ST-ZIP	DURHAM NC 27713	
TITLE	VPI SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIMBERLY A. LILATA	
STREET ADDRESS	SAME ADDRESS ABOVE	
CITY-ST-ZIP		
TITLE	TREASURER / CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES M. DOUTHITT	
STREET ADDRESS	SAME ADDRESS ABOVE	
CITY-ST-ZIP		
TITLE	VPI ASSISTANT SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOEL P. MCMAHANS	
STREET ADDRESS	SAME ADDRESS ABOVE	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

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

4-23-07

919-383-0355

Date

Daytime Phone #