

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000076878

FILED
Apr 13, 2011
Secretary of State

Entity Name: STERLING EMERGENCY SERVICES OF VIRGINIA, INC.

Current Principal Place of Business:

6400 ATLANTIC BLVD
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

6400 ATLANTIC BLVD
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 65-0941022

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: SCHILLINGER, JEFFREY
Address: 300 S. PARK ROAD, STE 400
City-St-Zip: HOLLYWOOD, FL 33021

Title: PD
Name: SCHILLINGER, DAVID MD
Address: 300 S. PARK ROAD, STE 400
City-St-Zip: HOLLYWOOD, FL 33021

Title: VPT
Name: CHUNN, PATRICK
Address: 300 S. PARK ROAD, STE 400
City-St-Zip: HOLLYWOOD, FL 33021

Title: S
Name: GRECO-DESPARS, SUSAN
Address: 300 S. PARK ROAD, STE 400
City-St-Zip: HOLLYWOOD, FL 33021

Title: VPD
Name: CRASS, SARAH C.H.
Address: 6400 ATLANTIC BLVD
City-St-Zip: JACKSONVILLE, FL 32211

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SARAH C.H. CRASS

VP

04/13/2011

Electronic Signature of Signing Officer or Director

Date