

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **F93000002074 (3)**

1. Corporation Name

MEDICUS EMERGENCY GROUP, INC.

MAY -1 AM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3708 MAYFAIR STREET
SUITE 301
DURHAM NC 27707
US

Mailing Address

ATTN: TAX DEPARTMENT
P.O. BOX 15309
DURHAM NC 27704
US

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification

04/27/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

56-1817269

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.002
Florida Statutes. ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

State Apt. # etc.

22

State Apt. # etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.001 and 607.1601, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the responsibility as herein laid down, Florida Statutes.

SIGNATURE

(Signature of person who has been appointed as registered agent)

(Signature of registered agent or person authorized to receive notice)

12

OFFICERS AND DIRECTORS

OFFICER	DP
NAME	SODERSTROM, CARL D
STREET ADDRESS	3708 MAYFAIR STREET SUITE 301 DURHAM NC 27707
CITY	DURHAM NC
OFFICER	DST
NAME	DOOLITTLE, KIRK
STREET ADDRESS	3708 MAYFAIR ST.
CITY	DURHAM NC
OFFICER	DP
NAME	BARRO, ROGER
STREET ADDRESS	3708 MAYFAIR ST.
CITY	DURHAM NC
OFFICER	VP
NAME	BERRY, DAVE
STREET ADDRESS	475 MONTGOMERY PLACE, SUITE 100
CITY	ALTAMONTE SPRINGS FL
OFFICER	DP
NAME	DOOLITTLE, KIRK
STREET ADDRESS	3708 MAYFAIR ST.
CITY	DURHAM NC 27707
OFFICER	AS
NAME	SNEDEKER, ANGELA M
STREET ADDRESS	2828 CROASDALE DRIVE
CITY	DURHAM NC

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS	
NAME	☒ Change ☐ Addition
STREET ADDRESS	3708 Mayfair Street, Ste. 301
CITY	Durham, NC 27707
NAME	☒ Change ☐ Addition
STREET ADDRESS	DST
CITY	
NAME	☐ Change ☐ Addition
STREET ADDRESS	Delete
CITY	
NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY	
NAME	☒ Change ☐ Addition
STREET ADDRESS	D
CITY	Slaughter, Duke
NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY	

14. I certify that the information supplied with this filing is voluntarily furnished and does not equally for the corporation stated in law (F.S. 199.001) Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made by the officer or director of the corporation or the person or persons empowered to execute the report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Angela M. Snedeker

Angela M. Snedeker

4-28-95 919-383-0355