

No. C 103043 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Aug 31, 2000 Annual Report Form 1. Mailing Address - Correct in this box, if applicable <div style="background-color: black; color: white; padding: 2px; text-align: center;"> PHARMEDICA </div> PHARMEDICA EMERGENCY MEDICAL GROUP, IN TAX DEPARTMENT PO BOX 15309 DURHAM, NC 27704	2. Registered Agent and Office NO PO BOX C T CORPORATION SYSTEM 300 NORTH SIXTH STREET BOISE, ID 83701 3. <u>New</u> Registered Agent Signature <div style="text-align: center;"> </div>
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4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRES/DIR/SEC	BERTRAM E. WALLS MD	2828 CROASDAILE DR.	DURHAM	NC	27705
DIR/VP/TREAS.	WAYNE R. TILSON MD	2828 CROASDAILE DR.	DURHAM	NC	27705
ASSIST. BUS. MGR	TAMMY DAVIS	2828 CROASDAILE DR.	DURHAM	NC	27705

5. Organized Under the Laws of: CALIFORNIA C 103043	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature </td> <td style="width: 40%;"> Date <u>6/30/00</u> </td> </tr> <tr> <td> Name (Typed or Printed) <u>TAMMY DAVIS</u> </td> <td> Title: <u>ASSIST. BUSINESS MGR</u> <div style="text-align: center;"> Time xxxx </div> </td> </tr> </table>	Signature	Date <u>6/30/00</u>	Name (Typed or Printed) <u>TAMMY DAVIS</u>	Title: <u>ASSIST. BUSINESS MGR</u> <div style="text-align: center;"> Time xxxx </div>
Signature	Date <u>6/30/00</u>				
Name (Typed or Printed) <u>TAMMY DAVIS</u>	Title: <u>ASSIST. BUSINESS MGR</u> <div style="text-align: center;"> Time xxxx </div>				