


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # F95000000032 (1)		
1. Corporation Name COASTAL MANAGED HEALTHCARE, INC.		
RECEIVED JAN 6 1997 CHG		

Principal Place of Business 2828 CROASDAILE DR. DURHAM NC 27705	Mailing Address ATTENTION TAX DEPARTMENT P.O. BOX 15309 DURHAM NC 27704-0309 US
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

3. Date Incorporated or Qualified 01/04/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 56-1827941	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 S. 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
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	STEWART, RANDY J	
STREET ADDRESS	2828 CROASDAILE DR.	
CITY-ST-ZIP	DURHAM NC 27705	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HARDISTER, SHAWN W	
STREET ADDRESS	2828 CROASDAILE DR.	
CITY-ST-ZIP	DURHAM NC 27705	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	SNEDEKER, ANGELA M.	
STREET ADDRESS	2828 CROASDAILE DR.	
CITY-ST-ZIP	DURHAM NC	
TITLE	VPST	<input type="checkbox"/> DELETE
NAME	BAUER, ANNETTE	
STREET ADDRESS	2400 COMMERCIAL BLVD, SUITE 1100	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ALASHI, PAM	
1.3 STREET ADDRESS	2828 CROASDAILE DRIVE	
1.4 CITY-ST-ZIP	DURHAM, NC 27705	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VP/S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	REDD, DEBORAH L.	
5.3 STREET ADDRESS	2828 CROASDAILE DRIVE	
5.4 CITY-ST-ZIP	DURHAM, NC 27705	
6.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DICKERSON, W. RANDALL	
6.3 STREET ADDRESS	2828 CROASDAILE DRIVE	
6.4 CITY-ST-ZIP	DURHAM, NC 27705	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Angela M. Snedeker REQUIRED ANGELA M. SNEDEKER 4-25-97 (919) 383-0355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)