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FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000000032 (1)

1. Corporation Name

COASTAL MANAGED HEALTHCARE, INC.

Principal Place of Business

2828 CROASDALE DR.
DURHAM NC 27705

Mailing Address

ATTENTION TAX DEPARTMENT
P.O. BOX 15309
DURHAM NC 27704
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/04/1995

4. FEI Number

56-1827941

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29 27704

30

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

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE AS ☒ DELETE
NAME ALASHI, PAM
STREET ADDRESS 2828 CROASDALE DR.
CITY-ST-ZIP DURHAM NC

TITLE PD ☒ DELETE
NAME REDD, DEBORAH L.
STREET ADDRESS 2828 CROASDALE DROVE
CITY-ST-ZIP DURHAM NC

TITLE AS ☒ DELETE
NAME SNEDEKER, ANGELA M.
STREET ADDRESS 2828 CROASDALE DR.
CITY-ST-ZIP DURHAM NC

TITLE VPST ☒ DELETE
NAME BAUER, ANNETTE
STREET ADDRESS 2400 COMMERCIAL BLVD, SUITE 1100
CITY-ST-ZIP FT LAUDERDALE FL

TITLE VP ☒ DELETE
NAME DICKERSON, RANDALL W.
STREET ADDRESS 2828 CROASDALE DRIVE
CITY-ST-ZIP DURHAM NC

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE AS ☐ Change ☒ Addition
1.2 NAME GREENE, CINDY
1.3 STREET ADDRESS 2828 CROASDALE DRIVE
1.4 CITY-ST-ZIP DURHAM, NC 27705

2.1 TITLE PD ☐ Change ☒ Addition
2.2 NAME DAUCHERT, EUGENE F. JR.
2.3 STREET ADDRESS 2828 CROASDALE DRIVE
2.4 CITY-ST-ZIP DURHAM, NC 27705

3.1 TITLE AS ☐ Change ☒ Addition
3.2 NAME LOCKLEAR, NANCY F.
3.3 STREET ADDRESS 2828 CROASDALE DRIVE
3.4 CITY-ST-ZIP DURHAM, NC 27705

4.1 TITLE T ☐ Change ☒ Addition
4.2 NAME CARLSON, ARTHUR R.
4.3 STREET ADDRESS 2828 CROASDALE DRIVE
4.4 CITY-ST-ZIP DURHAM, NC 27705

5.1 TITLE VP ☐ Change ☒ Addition
5.2 NAME SCOTT, STEVEN M. M.D.
5.3 STREET ADDRESS 2828 CROASDALE DRIVE
5.4 CITY-ST-ZIP DURHAM, NC 27705

6.1 TITLE S ☐ Change ☒ Addition
6.2 NAME PONT, EDWIN S. M.D.
6.3 STREET ADDRESS 2828 CROASDALE DRIVE
6.4 CITY-ST-ZIP DURHAM, NC 27705

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(3)(b), 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:

Cindy Greene

CINDY GREENE

4/28/98

919 383-0355

CR2E034 (10/97)