

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000001004 (9)

1. Corporation Name

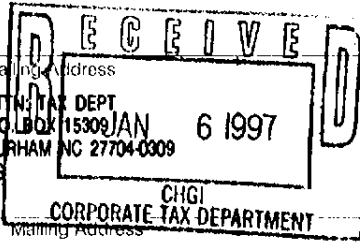
COASTAL PHYSICIAN SERVICES OF THE SOUTHEAST, INC

Principal Place of Business

3708 MAYFAIR STREET
SUITE 300
DURHAM NC 27707-1897

Mailing Address

ATTN: TAX DEPT
P.O. BOX 115309
DURHAM NC 27704-0309
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

03/02/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

56-1582402

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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 ☒ DELETE

NAME P
BROWN, RICHARD B. JR.
STREET ADDRESS 3708 MAYFAIR ST STE 301
CITY-ST-ZIP DURHAM NC

TITLE ☐ DELETE

NAME TD
MCBAIN, BRIAN
STREET ADDRESS 3708 MAYFAIR STREET, STE 300
CITY-ST-ZIP DURHAM NC

TITLE ☒ DELETE

NAME VD
MOYE, DAVID
STREET ADDRESS 3708 MAYFAIR STREET, STE 300
CITY-ST-ZIP DURHAM NC

TITLE ☐ DELETE

NAME S
BROWN, JEAN
STREET ADDRESS 3708 MAYFAIR STREET, STE 300
CITY-ST-ZIP DURHAM NC

TITLE ☒ DELETE

NAME VPD
MAIER, CINDY
STREET ADDRESS 3708 MAYFAIR STREET, STE 300
CITY-ST-ZIP DURHAM NC

TITLE ☒ DELETE

NAME AS
TACKETT, JOSIE
STREET ADDRESS 3708 MAYFAIR STREET, STE 300
CITY-ST-ZIP DURHAM NC

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VP/D

P/D

DOOLITTLE, KIRK
2828 CROASDAILE DRIVE
DURHAM, NC 27705

VP/D

VP/S

NEWELL, STEVE
2828 CROASDAILE DRIVE
DURHAM, NC 27705

VP/D

THOMAS, DONNA L.
2828 CROASDAILE DRIVE
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

4-25-97 (919) 383-0355

FILED
May 12 1997 8:00am
Secretary of State



CR2E034 (9/96)

**ATTACHMENT
1997 PROFIT CORPORATION
ANNUAL REPORT
STATE OF FLORIDA**

COASTAL PHYSICIAN SERVICES OF THE SOUTHEAST, INC
FEIN: 56 - 1582402

ADDITIONAL OFFICERS AND DIRECTORS

TITLE	Assistant Secretary
NAME	Angela M. Snedeker
STREET ADDRESS	2828 Croasdaile Drive
CITY-ST-ZIP	Durham, NC 27705

TITLE	Vice President
NAME	Connie Garrison
STREET ADDRESS	2828 Croasdaile Drive
CITY-ST-ZIP	Durham, NC 27705

TITLE	Vice President
NAME	Bruce McKinney
STREET ADDRESS	2828 Croasdaile Drive
CITY-ST-ZIP	Durham, NC 27705

TITLE	Senior Vice President
NAME	Kathleen A. Valli
STREET ADDRESS	2400 E. Commercial Blvd.
CITY-ST-ZIP	Ft. Lauderdale, FL 33308

TITLE	Vice President - Operations
NAME	Debra Flattery
STREET ADDRESS	2828 Croasdaile Drive
CITY-ST-ZIP	Durham, NC 27705

TITLE	Vice President - Operations
NAME	Amy Schafers
STREET ADDRESS	2828 Croasdaile Drive
CITY-ST-ZIP	Durham, NC 27705

TITLE	Vice President
NAME	Brett L. Jackson
STREET ADDRESS	2828 Croasdaile Drive
CITY-ST-ZIP	Durham, NC 27705

TITLE	Treasurer
NAME	Karl Weaver
STREET ADDRESS	2828 Croasdaile Drive
CITY-ST-ZIP	Durham, NC 27705