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May 08 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

Mailing Address

3708 MAYFAIR STREET  
SUITE 300  
DURHAM NC 27707-1997

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/02/1995

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

Trust Fund Contribution

☐

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

2a. Mailing Address

21 2828 CROASDAILE DRIVE

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

22 City & State

28 City & State

23 DURHAM, NC

29 City & State

24 Zip Country

30 Zip Country

25 27705 US

29 27705 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 607.0402 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP  
NAME MCBAIN, BRIAN  
STREET ADDRESS 3708 MAYFAIR STREET, STE 300  
CITY-ST-ZIP DURHAM NC ☒ DELETE

1.1 TITLE VP  
1.2 NAME GARRISON, CONNIE  
1.3 STREET ADDRESS 2828 CROASDAILE DRIVE  
1.4 CITY-ST-ZIP DURHAM, NC 27705 ☐ Change ☒ Addition

TITLE PD  
NAME DOOLITTLE, KIRK  
STREET ADDRESS 2828 CROASDAILE DR  
CITY-ST-ZIP DURHAM NC ☒ DELETE

2.1 TITLE PD  
2.2 NAME PODOLSKY, SHERMAN M. M.D.  
2.3 STREET ADDRESS 2828 CROASDAILE DRIVE  
2.4 CITY-ST-ZIP DURHAM, NC 27705 ☐ Change ☒ Addition

TITLE VP  
NAME BROWN, JEAN  
STREET ADDRESS 3708 MAYFAIR STREET, STE 300  
CITY-ST-ZIP DURHAM NC ☐ DELETE

3.1 TITLE VP S  
3.2 NAME BROWN, JEAN  
3.3 STREET ADDRESS 2828 CROASDAILE DRIVE  
3.4 CITY-ST-ZIP DURHAM, NC 27705 ☒ Change ☐ Addition

TITLE VPS  
NAME NEWELL, STEVE  
STREET ADDRESS 2828 CROASDAILE DR  
CITY-ST-ZIP DURHAM NC ☐ DELETE

4.1 TITLE VP D  
4.2 NAME NEWELL, STEVE  
4.3 STREET ADDRESS 2828 CROASDAILE DRIVE  
4.4 CITY-ST-ZIP DURHAM, NC 27705 ☒ Change ☐ Addition

TITLE VP  
NAME THOMAS, DONNA L  
STREET ADDRESS 2828 CROASDAILE DR  
CITY-ST-ZIP DURHAM NC ☒ DELETE

5.1 TITLE VP  
5.2 NAME MCKINNEY, BRUCE  
5.3 STREET ADDRESS 2828 CROASDAILE DRIVE  
5.4 CITY-ST-ZIP DURHAM, NC 27705 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

6.1 TITLE VP  
6.2 NAME MCDUFFIE, EDITH H.  
6.3 STREET ADDRESS 2828 CROASDAILE DRIVE  
6.4 CITY-ST-ZIP DURHAM, NC 27705 ☐ Change ☒ Addition

14. I 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.

CR2E034 (10/97)

**ATTACHMENT**

**STATE OF FLORIDA  
1998 ANNUAL REPORT**

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

**ADDITIONAL OFFICERS**

<b>TITLE</b>	Vice President - Operations
<b>NAME</b>	Amy A. Shafers
<b>STREET ADDRESS</b>	2828 Croasdaile Drive
<b>CITY-ST-ZIP</b>	Durham, NC 27705

<b>TITLE</b>	Assistant Secretary
<b>NAME</b>	Joan R. Petrea
<b>STREET ADDRESS</b>	2828 Croasdaile Drive
<b>CITY-ST-ZIP</b>	Durham, NC 27705

<b>TITLE</b>	Assistant Secretary
<b>NAME</b>	Tammy Davis
<b>STREET ADDRESS</b>	2828 Croasdaile Drive
<b>CITY-ST-ZIP</b>	Durham, NC 27705

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

<b>TITLE</b>	Director
<b>NAME</b>	Ann K. Vogel
<b>STREET ADDRESS</b>	2828 Croasdaile Drive
<b>CITY-ST-ZIP</b>	Durham, NC 27705