

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90032 048 ***150.00

DOCUMENT # F95000001004

1. Corporation Name

COASTAL PHYSICIAN SERVICES OF THE SOUTHEAST, INC



Principal Place of Business

2828 CROASDALE DRIVE
DURHAM NC 27705
US

Mailing Address

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
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

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 607.0502 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP ☒ DELETE
NAME GARRISON, CONNIE
STREET ADDRESS 2828 CROASDALE DRIVE
CITY-ST-ZIP DURHAM NC 27705

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME Linda Johnston
1.3 STREET ADDRESS 2828 Croasdaile Dr
1.4 CITY-ST-ZIP Durham NC 27705

TITLE PD ☐ DELETE
NAME PODOLSKY, SHERMAN M MD
STREET ADDRESS 2828 CROASDALE DR
CITY-ST-ZIP DURHAM NC 27705

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VPS ☐ DELETE
NAME BROWN, JEAN
STREET ADDRESS 2828 CROASDALE DRIVE
CITY-ST-ZIP DURHAM NC 27705

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VPD ☐ DELETE
NAME NEWELL, STEVE
STREET ADDRESS 2828 CROASDALE DR
CITY-ST-ZIP DURHAM NC 27705

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME V/T
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VP ☐ DELETE
NAME MCKINNEY, BRUCE
STREET ADDRESS 2828 CROASDALE DR
CITY-ST-ZIP DURHAM NC 27705

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE VP ☐ DELETE
NAME MCDUFFIE, EDITH H
STREET ADDRESS 2828 CROASDALE DRIVE
CITY-ST-ZIP DURHAM NC 27705

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

ATTACHMENT

544930-90032-48

STATE OF FLORIDA
CORPORATION ANNUAL REPORT
1999

F95000001004

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

13.) OFFICERS:

NAME/TITLE:

ADDRESS:

Diane Kemp
V

2828 Croasdaile Drive
Durham, NC 27705

Ann Vogel
D

2828 Croasdaile Drive
Durham, NC 27705

Tammy Davis
Asst. Sec.

2828 Croasdaile Drive
Durham, NC 27705

Joan R. Petrea
Asst. Sec.

2828 Croasdaile Drive
Durham, NC 27705