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PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **F95000002776 (1)**

1. Corporation Name
COASTAL THERAPEUTIC GROUP, INC.

Principal Place of Business	Mailing Address
2828 CROASDAILE DR. DURHAM NC 27705	2828 CROASDAILE DR. DURHAM NC 27705

2. Principal Place of Business 21	2a. Mailing Address 26 **ATTENTION: TAX DEPARTMENT**
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 **P. O. BOX 15309**
City & State 23	City & State 28 **DURHAM, NC**
Zip / Country 24 / 25	Zip / Country 29 **27704** / 30 **USA**

3. Date Incorporated or Qualified: **06/08/1995**
3a. Date of Last Report: **N/A**
4. FEI Number: **56-1922613** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 _____ DATE _____
Signature, type or print name of registered agent, and type or print title (NOTE: Registered Agent signature is required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD SOLNIK, MIKE 2828 CROASDAILE DR. DURHAM NC	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P/D BAUER, ANNETTE 2400 EAST COMMERCIAL BLVD, SUITE 315 FT. LAUDERDALE, FL 33308	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD RICHMAN, ANDREW 2828 CROASDAILE DR. DURHAM NC	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VP/T HANE, THOMAS T. 2828 CROASDAILE DRIVE DURHAM, NC 27705	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD VALVERDE, FERNANDO 2828 CROASDAILE DR. DURHAM NC	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	S NYROP, KIRSTEN 2828 CROASDAILE DRIVE DURHAM, NC 27705	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HARDISTER, SHAWN W 2828 CROASDAILE DR. DURHAM NC	☒ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS SNEDEKER, ANGELA 2828 CROASDAILE DR. DURHAM NC	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 Snedeker **ANGELA M. SNEDEKER** **4-26-96** **(919) 383-0355**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #