

Document Number Only

F95000002810

CT CORPORATION SYSTEM
Requestor's Name
660 EAST JEFFERSON STREET
Address
TALLAHASSEE FL 32301 222-1092
City State Zip Phone

000001506330
-06/06/95--01048--008
*****70.00 *****70.00

CORPORATION(S) NAME

W95-11488

Coastal Medical Management, Inc.

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Foreign | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of R.A. |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Fictitious name Filing |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30 |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

June 6, 1995

CT SYSTEM

SUBJECT: COASTAL MEDICAL MANAGEMENT, INCORPORATED
Ref. Number: W95000011488

We have received your document for COASTAL MEDICAL MANAGEMENT, INCORPORATED and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please note that the name on the certificate reads exactly as the name is spelled above. Please also be sure to submit a photocopy along with your corrected application if you would like one returned to you.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6958.

Lee Rivers
Document Examiner

Letter Number: 895A00027789

**APPLICATION BY FOREIGN CORPORATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Coastal Medical Management Services, Inc.
(Name of corporation: must include the word "INCORPORATED," "COMPANY," or "CORPORATION" or words or abbreviations of like import in language, as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. North Carolina
(State or country under the law of which it is incorporated)
3. March 23, 1995 4. Perpetual
(Date of Incorporation) (Duration)
5. 56-1918899
(Federal Employer Identification number, if applicable)
6. Upon Qualification
(Date first transacted business in Florida. See sections 607.1501, 607.1502, and 817.155, F.S.)
7. 3000 Croasdaile Drive, Durham, North Carolina 27705
(Current mailing address)
8. Medical management services to hospitals, physician groups, insurers, and other healthcare providers.
(Brief description of the nature of the business in which it is engaged in the state of Florida)

9. Names and street addresses of officers and or directors:

A. Directors:

Chairman: Steven M. Scott, M.D.

Address: 3000 Croasdaile Drive

Durham, North Carolina 27705

Vice Chairman: David W. Singley, Jr.

Address: 3000 Croasdaile Drive

Durham, North Carolina 27705

Director: Gary R. Whitaker, M.D.

Address: 3000 Croasdaile Drive

Durham, North Carolina 27705

Director: _____

Address: _____

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9. Officers:

President: See attached list of officers

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

(if needed, you may attach an addendum to the application listing additional officers and/or directors.)

10. Name and Street address of Florida registered agent:

Name: C T Corporation System

Office Address: c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida 33324

Zip Code

11. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System

Registered agent's signature: _____


(Officer)

(Typed Name and Title of Officer)

Kevin J. Gallagher, Asst. Vice President

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

13. Victoria N. Cardoze
(Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

14. Victoria N. Cardoze, Vice President

(Name and capacity of person signing application)

**Appendix to Florida
Application by Fgn. Corp. for Authorization to Transact Business in Florida**

**Officers of
Coastal Medical Management Services, Inc.**

1. David W. Singley, Jr., President & CEO
3000 Croasdaile Drive
Durham, North Carolina 27705
2. Kenneth S. Dennard, Senior Vice President & Secretary
3000 Croasdaile Drive
Durham, North Carolina 27705
3. Victoria N. Cardoze, Senior Vice President
3000 Croasdaile Drive
Durham, North Carolina 27705
4. Randal J. Stewart, Treasurer
3000 Croasdaile Drive
Durham, North Carolina 27705

STATE OF NORTH CAROLINA



Department of The
Secretary of State

CERTIFICATE OF EXISTENCE

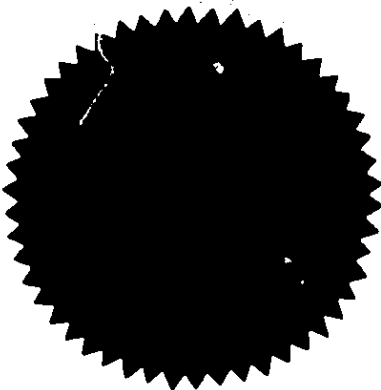
I, **RUFUS L. EDMISTEN**, *Secretary of State of the State of North Carolina*, do hereby certify that

COASTAL MEDICAL MANAGEMENT SERVICES, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 23rd day of March, 1995, with its period of duration being perpetual.

I **FURTHER** certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by G.S. 55-16-22 **has not** yet been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 8th day of June, 1995.



Rufus L. Edmisten

Secretary of State

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