


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

FILED

May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # F95000002810 (8)		
1. Corporation Name COASTAL MEDICAL MANAGEMENT SERVICES, INC.		
Principal Place of Business 3000 CROASDAILE DR DURHAM NC 27705	Mailing Address CHCI CORPORATE TAX DEPARTMENT ATTENTION TAX DEPARTMENT P.O. BOX 15309 DURHAM NC 27704-0309 US	



2. Principal Place of Business 21 2828 CROASDAILE DRIVE Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25 USA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 06/09/1995 3a. Date of Last Report 05/01/1996 4. FEI Number 56-1918899 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 85 Zip Code FL
---	--

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 NAME STREET ADDRESS CITY-ST-ZIP C SCOTT, STEVEN M MD 3000 CROASDAILE DR DURHAM NC 27705 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP P/D DAUCHERT, EUGENE F. 2828 CROASDAILE DRIVE DURHAM, NC 27705 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VCP SINGLEY, DAVID W JR 3000 CROASDAILE DR DURHAM NC 27705 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP SVP BRENNAN, WARREN T. 2828 CROASDAILE DRIVE DURHAM, NC 27705 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D WHITAKER, GARY R MD 3000 CROASDAILE DR DURHAM NC 27705 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2828 CROASDAILE DRIVE
TITLE NAME STREET ADDRESS CITY-ST-ZIP VS DENNARD, KENNETH S 3000 CROASDAILE DR DURHAM NC 27705 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP SVP FRITSCH, KERRI M. 2828 CROASDAILE DRIVE DURHAM, NC 27705 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP V CARDOZE, VICTORIA N 3000 CROASDAILE DR DURHAM NC 27705 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP T STEWART, RANDAL J 3000 CROASDAILE DR DURHAM NC 27705 <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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. Sneider ANGELA M. SNEDEKER 4-25-97 919-383-0355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)

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

**COASTAL MEDICAL MANAGEMENT SERVICES, INC
FEIN: 56-1918899**

ADDITIONAL OFFICERS AND DIRECTORS

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