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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

Principal Place of Business

DOCUMENT # COASTAL MEDICAL MANAGEMENT SER

Mailing Address

FILED May 12 1997 8:00am Secretary of State



3000 CROASD DURHAM NG (ATTENTION TAN P.O. BOX 15309 DURHAM NC 2770 US		MENT	3. Date incorpor 06/09/199	ated or Qualified	3a. Date of La	'
2. Principal P	lace of Business	2a. Mailing Addre	ss		4. FEI Number	<u> </u>	1 00/0 1/ 10	Applied For
·ı '		26			56-19188	399		Not Applicable
11 2828 CROASDAILE DRIVE Suite, Apr. #, etc.		Suite, Apt. #, etc.			5. Certificate of	:	\$8.75 Additional Fee Required	
City & Stat	6	City & State			6. Election Cam Trust Fund Co			.00 May Be ded to Fees
Ζιρ 24	Country 26 USA	Zip 29	- Cου 30	ntry	8. This corporati	ion has liability for in	ntangible tax unc	ler s. 199.032,
	g. Name and Address of Curre	nt Registered Agent			10. Name and A	ddress of New Reg	gistered Agent	
CT	CORPORATION SYSTEM			81 Name				
	0 SOUTH PINE ISLAND ROAD INTATION FL 33324			82 Street	Address (P.O. Box Numb	er is Not Acceptab	le)	
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				84 City			FL 85	Zip Code
agent, La	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida Such chang gations of, Section 607.0	je was authorized 505, Florida Stat	d by the corutes.	poration's board of direct	ors. I hereby accep	ot the appointmen	nt as registered
SIGNATURE	Signature, typed or printed name of registered ag	pent and title if applicable.	(NOTE: Registered	l Agent signature	e regulred when reinstating)		DATE	
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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 it made under of t arm 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

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