FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

MAY -1 AM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H63143 (2)

1. Corporation Name

COASTAL EMERGENCY SERVICES OF BROWARD COUNTY, IN
C

JAN 1 3 1995

Principal Place of Business:
2828 CROASDAILE DR
[redacted]
DURHAM NC 27705

Mailing Address:
[redacted]
P O BOX 15309
DURHAM NC [redacted]

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/21/1985
3a. Date of Last Report: 05/01/1994
4. FEI Number: 56-1488914 — Applied For / Not Applicable

2. Principal Place of Business
21
22
23
24
25 USA

2a. Mailing Address
26 Attn: Tax Dept.
27
28
29 27704
30 USA

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 Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 617.0502, 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. ...

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE: [redacted] NAME: [redacted] STREET ADDRESS: [redacted] CITY-ST-ZIP: [redacted]	PTD — X Change Soderstrom, Carl D. 3708 Mayfair Street, Ste. 301 Durham, NC 27707
TITLE: SVD NAME: VALLI, KATHY STREET ADDRESS: 6550 N. FEDERAL HWY #300 CITY-ST-ZIP: FT. LAUDERDALE FL 33308	[ ] Change [ ] Addition
TITLE: VD NAME: PODUOLSKY, PODOLSKY, D., M.D. STREET ADDRESS: 6550 N FEDERAL HWY #300 CITY-ST-ZIP: FT LAUDERDALE FL 33308	X Change Podolsky, Sherman D. MD
TITLE: [redacted] NAME: [redacted] STREET ADDRESS: [redacted] CITY-ST-ZIP: [redacted]	[ ] Change [ ] Addition Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	[ ] Change [ ] Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(n), Florida Statutes. ...

SIGNATURE: Carl D. Soderstrom 4-28-95 919-383-0355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0476134 FP