FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # J06616 (3)

1. Corporation Name

COASTAL PHYSICIAN GROUP OF SOUTH FLORIDA, INC.

Principal Place of Business

2255 GLADES ROAD
STE 416
BOCA RATON FL 33431
US

JAN 19

Mailing Address

TAX DEPT
P O BOX 15309
DURHAM NC 27704
US

2. Principal Place of Business 21	2a. Mailing Address 26 **ATTN: TAX DEPT**
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 **P O BOX 740026**
City & State 23	City & State 28 **LOUISVILLE, KY**
Zip 24 / Country 25	Zip 29 **40201-7426** / Country 30

3. Date Incorporated or Qualified: 03/28/1986
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2678483 ☐ 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

500001817673
-05/13/96--01014--029
***200.00

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	SOLNIK, MIKE, M.D.	2400 E. COMMERCIAL BLVD., STE J315	FT. LAUDERDALE FL	☐
D	RICHMAN, ANDREW, M.D.	2400 E. COMMERCIAL BLVD, STE 315	FT. LAUDERDALE FL	☐
PD	LUCIBELLA, RICHARD	2400 E. COMMERCIAL BLVD., STE 315	FT. LAUDERDALE FL	☐
VS	BIRCH, WLTER E	2400 E. COMMERCIAL BLVD., STE 315	FT. LAUDERDALE FL	☐
VTAS	HARDISTER, SHAWN W	2400 E. COMMERCIAL BLVD., STE 315	FT. LAUDERDALE FL	☐
AS	SNEDEKER, ANGELA M	2828 CROASDAILE DR	DURHAM NC	☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

No.	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
1	P D	SMITH, WAYNE	500 W MAIN	LOUISVILLE KY 40201-1438	☒	☐
2	SrVP D	CASH, W LARRY	500 W MAIN	LOUISVILLE KY 40201-1438	☒	☐
3	SrVP D	COUGHLIN, KAREN A	500 W MAIN	LOUISVILLE KY 40201-1438	☒	☐
4	SrVP D	GARMON, PHILIP B	500 W MAIN	LOUISVILLE KY 40201-1438	☒	☐
5	SrVP D	LANKFORD, RONALD S., M.D.	500 W MAIN	LOUISVILLE KY 40201-1438	☒	☐
6	VP	BAUERNFEIND, GEORGE	500 W MAIN	LOUISVILLE KY 40201-1438	☒	☐

AEB 5-1-96

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: George Bauernfeind **VICE PRESIDENT-TAXES** APR 29 1996 (502)580-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #