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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # J34282 (0)

1. Corporation Name
COASTAL EMERGENCY SERVICES OF DADE COUNTY, INC.

Principal Place of Business
2828 CROASDAILE DR.
DURHAM NC 27705

JAN 19

Mailing Address
ATTN: TAX DEPT.
P. O. BOX
DURHAM NC 27704
US

3. Date Incorporated or Qualified: 09/22/1986
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27 P. O. BOX 15309
City & State
28
Zip 29 Country 30

4. FEI Number: 56-1530155 ☐ 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**

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 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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable (In the Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	SODERSTROM, CARL D.	3708 MAYFAIR STREET, STE. 301	DURHAM NC	☐
SD	VALLI, KATHLEEN	6550 N. FEDERAL HWY #300	FT. LAUDERDALE FL	☐
AS	MILES, KIMBERLY J.	2828 CROASDAILE DR.	DURHAM NC	☐
T	FATER, DAVID H.	2828 CROASDAILE DR.	DURHAM NC	☐
AT	SNEDEKER, ANGELA M.	2828 CROASDAILE DRIVE	DURHAM NC	☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

#	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
1	P/D	VALLI, KATHLEEN A.	6550 NORTH FEDERAL HIGHWAY, SUITE 300	FT. LAUDERDALE, FL	☒	☐
2	S/D	BREDESON, CHRIS	6550 NORTH FEDERAL HIGHWAY, SUITE 300	FT. LAUDERDALE, FL	☒	☐
3					☐	☐
4	T/D	FIELDING, ROBIN	6550 NORTH FEDERAL HIGHWAY, SUITE 300	FT. LAUDERDALE, FL	☒	☐
5	AT	KENNEDY, JONATHAN E.	3608 MAYFAIR STREET, SUITE 200	DURHAM, NC 27707	☒	☐
6					☐	☐

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: Kimberly J. Miles KIMBERLY J. MILES 4-26-96 (919) 383-0355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)