

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

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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 # J34282 1. Corporation Name COASTAL EMERGENCY SERVICES OF DADE COUNTY, INC.		(0) JAN 6 1997			

Principal Place of Business 2828 CROASDAILE DR. DURHAM NC 27705	Mailing Address CHGI ATTN: TAX DEPT. P.O. BOX 15309 DURHAM NC 27704-0309 US
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2. Principal Place of Business 21 2400 EAST COMMERCIAL BLVD Suite, Apt. #, etc. 22 SUITE 1100 City & State 23 FT. LAUDERDALE, FL Zip 24 33308	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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3. Date Incorporated or Qualified 09/22/1986	3a. Date of Last Report 05/01/1996
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	
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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

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 PD	NAME VALLI, KATHLEEN A.
STREET ADDRESS 6550 N FEDERAL HWY STE 300	CITY-ST-ZIP FT LAUDERDALE FL
TITLE SD	NAME BREDESON, CHRIS
STREET ADDRESS 6550 N. FEDERAL HWY #300	CITY-ST-ZIP FT. LAUDERDALE FL
TITLE AS	NAME MILES, KIMBERLY J.
STREET ADDRESS 2828 CROASDAILE DR.	CITY-ST-ZIP DURHAM NC
TITLE TD	NAME FIELDING, ROBIN
STREET ADDRESS 6550 N FEDERAL HWY STE 300	CITY-ST-ZIP FT LAUDERDALE FL
TITLE AT	NAME KENNEDY, JONATHAN E.
STREET ADDRESS 3608 MAYFAIR ST STE 200	CITY-ST-ZIP DURHAM NC
TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE VP/D	☒ Change ☐ Addition
1.2 NAME 2400 EAST COMMERCIAL BLVD, SUITE 1100	
1.3 STREET ADDRESS 2400 EAST COMMERCIAL BLVD, SUITE 1100	
1.4 CITY-ST-ZIP VP	☐ Change ☒ Addition
2.1 TITLE SMITH, PAULA	
2.2 NAME 2828 CROASDAILE DRIVE	
2.3 STREET ADDRESS DURHAM, NC 27705	
2.4 CITY-ST-ZIP AS	☐ Change ☒ Addition
3.1 TITLE SNEDEKER, ANGELA M.	
3.2 NAME 2828 CROASDAILE DRIVE	
3.3 STREET ADDRESS DURHAM, NC 27705	
3.4 CITY-ST-ZIP S/VP/D	☒ Change ☐ Addition
4.1 TITLE 2400 EAST COMMERCIAL BLVD, SUITE 1100	
4.2 NAME PRESIDENT	☐ Change ☒ Addition
4.3 STREET ADDRESS DOOLITTLE, KIRK	
4.4 CITY-ST-ZIP 3708 MAYFAIR STREET	
5.1 TITLE DURHAM, NC 27707	
5.2 NAME VP/D	☐ Change ☒ Addition
5.3 STREET ADDRESS JACKSON, BRETT L.	
5.4 CITY-ST-ZIP 2828 CROASDAILE DRIVE	
6.1 TITLE DURHAM, NC 27705	
6.2 NAME 	
6.3 STREET ADDRESS 	
6.4 CITY-ST-ZIP 	

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. Snedeker* ANGELA M. SNEDEKER 4-25-97 (919) 383-0355

CR2E034 (9/96)