

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J34282** (0)
1. Corporation Name
COASTAL EMERGENCY SERVICES OF DADE COUNTY, INC.



Principal Place of Business
**2400 E COMMERCIAL BLVD
SUITE 1100
FT LAUDERDALE FL 33308
US**

Mailing Address
**ATTN: TAX DEPT.
P.O. BOX 15309
DURHAM NC 27704
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1600 S FEDERAL HIGHWAY
Suite, Apt. #, etc.
22 SUITE 300
City & State
23 POMPANO BEACH, FL
Zip
24 33062 Country
25

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

3. Date Incorporated or Qualified
09/22/1986

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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

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	VPD	<input checked="" type="checkbox"/> DELETE
NAME	VALLI, KATHLEEN A.	
STREET ADDRESS	2400 E COMMERCIAL BLVD., SUITE 1100	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SMITH, APULA	
STREET ADDRESS	2828 CROASDAILE DR	
CITY-ST-ZIP	DURHAM NC	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	SNEDEKER, ANGELA M	
STREET ADDRESS	2828 CROASDAILE DR.	
CITY-ST-ZIP	DURHAM NC	
TITLE	SVPD	<input checked="" type="checkbox"/> DELETE
NAME	FIELDING, ROBIN	
STREET ADDRESS	2400 E COMMERCIAL BLVD., SUITE 1100	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	DOOLITTLE, KIRK	
STREET ADDRESS	3708 MAYFAIR ST	
CITY-ST-ZIP	DURHAM NC	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	JACKSON, BRETT L	
STREET ADDRESS	2828 CROASDAILE DR	
CITY-ST-ZIP	DURHAM NC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MCDUFFIE, EDITH M.	
1.3 STREET ADDRESS	2828 CROASDAILE DRIVE	
1.4 CITY-ST-ZIP	DURHAM, NC 27705	
2.1 TITLE	VP S D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SMITH, PAULA	
2.3 STREET ADDRESS	2828 CROASDAILE DRIVE	
2.4 CITY-ST-ZIP	DURHAM, NC 27705	
3.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PETREA, JOAN R.	
3.3 STREET ADDRESS	2828 CROASDAILE DRIVE	
3.4 CITY-ST-ZIP	DURHAM, NC 27705	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	RECTOR, BRUCE	
4.3 STREET ADDRESS	2828 CROASDAILE DRIVE	
4.4 CITY-ST-ZIP	DURHAM, NC 27705	
5.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	PODOLSKY, SHERMAN M. M.D.	
5.3 STREET ADDRESS	2828 CROASDAILE DRIVE	
5.4 CITY-ST-ZIP	DURHAM, NC 27705	
6.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DAVIS, TAMMY	
6.3 STREET ADDRESS	2828 CROASDAILE DRIVE	
6.4 CITY-ST-ZIP	DURHAM, NC 27705	

14. I 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.

JOAN R. PETREA

4-28-98

910 383-0355

CR2E034 (10/97)