
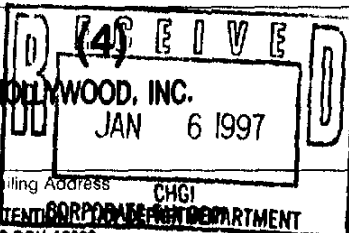


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 07 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 # K01255					
1. Corporation Name COASTAL EMERGENCY SERVICES OF HOLLYWOOD, INC.					
Principal Place of Business 2828 CROASDAILE DR P.O. BOX 15309 DURHAM NC 27705 US					
Mailing Address CHCI ATTENTION CORPORATIONS DEPARTMENT P.O. BOX 15309 DURHAM NC 27704-0309 US					



2. Principal Place of Business 21 2400 EAST COMMERCIAL BLVD Suite, Apt. #, etc. 22 City & State 23 FT. LAUDERDALE, FL Zip 24 33308		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 US		3. Date Incorporated or Qualified 11/09/1987		3a. Date of Last Report 05/01/1996	
				4. FEI Number 58-1763547		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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			
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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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DELLERSON, RICHARD			1.2 NAME			
STREET ADDRESS	2400 EAST COMMERCE BLVD SUITE 1100			1.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL			1.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VALLI, KATHLEEN			2.2 NAME			
STREET ADDRESS	2400 EAST COMMERCIAL BLVD SUITE 1100			2.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL			2.4 CITY-ST-ZIP			
TITLE	AT	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KENNEDY, JONATHAN E.			3.2 NAME	JACKSON, BRETT L.		
STREET ADDRESS	3708 MAYFAIR STREET, SUITE 208			3.3 STREET ADDRESS	2828 CROASDAILE DRIVE		
CITY-ST-ZIP	DURHAM NC			3.4 CITY-ST-ZIP	DURHAM, NC 27705		
TITLE	STD	<input type="checkbox"/> DELETE		4.1 TITLE	VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BREDESON, CHRIS			4.2 NAME			
STREET ADDRESS	2828 CROASDAILE DR.			4.3 STREET ADDRESS			
CITY-ST-ZIP	DURHAM NC			4.4 CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SNEDEKER, ANGELA M.			5.2 NAME			
STREET ADDRESS	2828 CROASDAILE DR			5.3 STREET ADDRESS			
CITY-ST-ZIP	DURHAM NC			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	P/T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				6.2 NAME	DOOLITTLE, KIRK		
STREET ADDRESS				6.3 STREET ADDRESS	2828 CROASDAILE DRIVE		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	DURHAM, NC 27705		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

Date

Daytime Phone #

0010287

CR2E034 (9/96)

**ATTACHMENT
1997 PROFIT CORPORATION
ANNUAL REPORT
STATE OF FLORIDA**

**COASTAL EMERGENCY SERVICES OF HOLLYWOOD, INC
FEIN: 58-1763547**

ADDITIONAL OFFICERS AND DIRECTORS

TITLE	Vice President / Secretary
NAME	Robin Fielding
STREET ADDRESS	2828 Croasdaile Drive
CITY-ST-ZIP	Durham, NC 27705

TITLE	Vice President
NAME	Paula Smith
STREET ADDRESS	2828 Croasdaile Drive
CITY-ST-ZIP	Durham, NC 27705