

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

DOCUMENT # **K01255** (4)  
1. Corporation Name  
**COASTAL EMERGENCY SERVICES OF HOLLYWOOD, INC.**



Principal Place of Business  
**2400 EAST COMMERCIAL BLVD  
FT LAUDERDALE FL 33308  
US**

Mailing Address  
**ATTENTION: TAX DEPARTMENT  
P.O. BOX 15309  
DURHAM NC 27704  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>1600 S. FEDERAL HIGHWAY</b>		26		11/09/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 <b>SUITE 300</b>		27		58-1763547	
City & State		City & State		Applied For	
23 <b>POMPANO BEACH, FL</b>		28		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 <b>33062</b>	25	29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

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.

SIGNATURE: *Joan R. Petrea* **JOAN R. PETREA**

4-28-98

910-382-0255

CR2E034 (10/97)