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

Mailing Address

P.O.BOX 15309

US

DURHAM NC 27704

ATTENTION: TAX DEPARTMENT

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K01255

1. Corporation Name

Principal Place of Business

1600 S FEDERAL HIGHWAY

POMPANO BEACH FL 33062

SUITE 300

COASTAL EMERGENCY SERVICES OF HOLLYWOOD, INC.

2. Principal P	ace of Business	2a. Mailing Address		_		4. FEI Numb	er		Ap	plied For
21		26				58-1763	547		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate	of Status Desired		\$8.75 / Fee Re	
City & State		City & State				a Flatian C				· · · · · · · · · · · · · · · · · · ·
City & State		28 City & State				1	ampaign Financing Contribution		\$5.00 Added	,
Zip	Country	Zip	Country	У		8. This corpo	ration owes the cur	rent year Inta		
24 25 29 30							Property Tax.		☐ Yes	₩No
Name and Address of Current Registered Agent						10. Name and	Address of New I	Registered	Agent	
OW DOES OF THE LANGE THE					Name					
CT CORPORATION SYSTEM				2 5	Street Addre	ss (P.O. Box Nu	mber is Not Accept	abie)		
1200 S. PINE ISLAND ROAD				`	Jun 100.0					
PLANTATION FL 33324				3						
			84	4 (City	· · ·		FL	85 Zip (Code
		1007 1500 51 11 01 11	45 5	ــــــــــــــــــــــــــــــــــــــ		ti the males the	in -tata-rant for the		shanding its	rogistored
11. Pursuant office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statute f Florida. Such change was au	is, the abovithorized by	ve-n y the	amed corpo e corporation	ration submits it n's board of direc	itors. I hereby acce	pt the appoi	ntment as re	gistered
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Flori	ida Statute:	s.			•			
SIGNATURE					_					
	Signature, typed or printed name of registered agent			ant sig	gnature required v	when reinstating)	············	DATE	D DIDEOTO	00.0140
12.	OFFICERS AND		13.				/CHANGES TO OF	FICERS AN	C Change	Addition
TITLE	D, ENDERTE		1.1 TITLE)/ \	۸ ،		[] Change	M MODITION
NAME	DELLERSON, RICHARD		1.2 NAME			Christopher Bredeson				
STREET ADDRESS	2400 EAST COMMERCE BLVD S	SUITE 1100	1.3 STREE	ET AD	DRESS 1	600 5 FE	dead Highue	y_, Sute	2300	
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-5	ST-ZI	ìP	Pomorno	Brach	FL 3	<u> 3</u> 06 <u>Z</u>	
TITLE	VPS	DSCDELETE 2		2.1 TITLE		154 T	,		Change	⋈ Addition
NAME	SMITH, PAULA		2.2 NAME	2.2 NAME		Pat Gudi	ان، ر کمر		suite 3	۸.۸
STREET ADDRESS	2828 CROASDAILE DRIVE 23		2.3 STREE	ETAD	ODRESS J	600 S. F	ederal Hist	may,	>0(14C >	00
CITY-ST-ZIP	DURHAM NC 27705		2. 4 CITY-	ST-Z	, ,	fomano	Beach, El	_ '33	06 C	
TITLE			3,1 TITLE			7 			Change	Addition
NAME	PETREA, JOAN R		3.2 NAME			Edith Mc	. Duffic.	^		
STREET ADDRESS	2828 CROASDALE DR		3.3 STREE	ET AD	DRESS	29 28 C	ousdaile 1	ur.		
CITY-ST-ZIP	DURHAM NC 27705		3.4. CITY-			Dirham		705		
TITLE	PD	☐ DELETE	4.1 TITLE			sst Sec.	<u>'</u>		Change	Addition
NAME	PODOLSKY, SHERMAN MD		4, 2 NAME		-	amou is	h.			,
STREET ADDRESS	2828 CROASDAILE DR.		4.3 STREE		DORESS 1	428 CM	sasdaile K);-		
	DURHAM NC 27705		4.4 CITY-1		-	Non	NC 277	_		
CITY-ST-ZIP TITLE	DOTALIAN NO ELLIO	☐ DELETE	5.1 TITLE	<u>∵1-∠1</u>	-		,,,,,,		Change	Addition
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREE		DRESS					
			5.4 CITY-8	ST-ZI	IP					
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE						Change	Addition
		La Cault	6.2 NAME							
NAME			6.3 STREE		ORESS					
STREET ADDRESS			6.4 CITY-5		1					
CITY-ST-ZIP	partify that the information expolicd with	this filing does not qualify for				action 119 07/3\	i) Florida Statutes	I further cer	tify that the i	nformation
14. Thereby 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 for 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/furstee 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, with all other like empowered.										

SIGNATURE:

919-383-0355

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90045 022 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

11/09/1987

CR2E034 (11/98)