

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra H. Murpham Governor of the State DIVISION OF CORPORATIONS		APPROVED 11/17/95 11/17/95	
DOCUMENT # K02349 (4)					
1. Corporation Name: COASTAL EMERGENCY SERVICES OF FT. LAUDERDALE, INC.					
Principal Place of Business: XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX US		Mailing Address: ATTENTION: TAX DEPARTMENT P O BOX 15309 DURHAM NC 27704 US		JAN 9 1995	
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business: 6550 N. Federal Highway		26. Mailing Address: Suite Apt. # etc. Suite 300		3. Date Incorporated in Jurisdiction: 11/17/1987 3a. Date of Last Report: 05/01/1994	
21. City & State: Ft. Lauderdale, FL		27. City & State: City, State, Zip, Country: 33308		4. FEI Number: 65-0014813	
22. City & State: Ft. Lauderdale, FL		28. City & State: City, State, Zip, Country: 33308		5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required	
23. City & State: Ft. Lauderdale, FL		29. City & State: City, State, Zip, Country: 33308		6. Election Campaign Financing: ☐ \$5.00 May Be Added to Fees	
24. City & State: Ft. Lauderdale, FL		30. City & State: City, State, Zip, Country: 33308		8. This corporation has liability for intangible tax under S. 190.01, Florida Statutes: ☒ 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: B1. Name: B2. Street Address (P.O. Box Number is Not Acceptable): B3. City, State, Zip, Country: FL		
11. Pursuant to the provisions of Sections 190.01, 190.02, and 190.03, Florida Statutes, the above-named corporation submits this statement for the purpose of having its registered office or registered agent or both in the State of Florida, but no 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 a registered agent under Florida Statutes.					
SIGNATURE: _____					
12. OFFICERS AND DIRECTORS: NAME: VD PODOLSKY, SHERMANM STREET ADDRESS: 6550 N FEDERAL HWY #300 CITY, STATE, ZIP, COUNTRY: FT LAUDERDALE FL NAME: VSD VALLI, KATHY STREET ADDRESS: 6550 N. FEDERAL HWY #300 CITY, STATE, ZIP, COUNTRY: FT. LAUDERDALE FL NAME: DP SODERSTROM, CARL D STREET ADDRESS: 2828 CROASDALE DR. CITY, STATE, ZIP, COUNTRY: DURHAM NC NAME: TAS STREET ADDRESS: 2828 CROASDALE DR CITY, STATE, ZIP, COUNTRY: DURHAM NC NAME: AS STREET ADDRESS: 2828 CROASDALE DR CITY, STATE, ZIP, COUNTRY: DURHAM NC					
13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS: NAME: T Bredeson, Chris STREET ADDRESS: 6550 N. Federal Hwy. #300 CITY, STATE, ZIP, COUNTRY: Ft. Lauderdale, FL 33308 NAME: Snedeker, Angela M. STREET ADDRESS: _____ CITY, STATE, ZIP, COUNTRY: _____					
14. I, the undersigned, certify that the information supplied with this filing was voluntarily furnished and is true and capable for the exemption related to sections 190.01, 190.02, and 190.03, Florida Statutes. I further certify that the information submitted 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 registered agent or both, or have been so, 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 registered agent or both, or have been so, 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 registered agent or both, or have been so, and that my signature shall have the same legal effect as if made under oath.					
SIGNATURE: Angela M. Snedeker SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
*File as part of a consolidated group					