

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

FILED
May 12 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 # K02349 1. Corporation Name COASTAL EMERGENCY SERVICES OF FT. LAUDERDALE, INC.			
Principal Place of Business 6550 N. FEDERAL HIGHWAY SUITE 300 FT. LAUDERDALE FL 33308 US		Mailing Address ATTENTION: TAX 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 Country	
3. Date Incorporated or Qualified 11/17/1987		3a. Date of Last Report 05/01/1996	
4. FEI Number 65-0014813		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 has liability for intangible tax under s. 199.032, 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 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	VD	☒ DELETE	
NAME	PODOLSKY, SHERMANN		
STREET ADDRESS	6550 N FEDERAL HWY #300		
CITY-ST-ZIP	FT LAUDERDALE FL		
TITLE	VSD	☐ DELETE	
NAME	VALLI, KATHY		
STREET ADDRESS	6550 N. FEDERAL HWY #300		
CITY-ST-ZIP	FT. LAUDERDALE FL		
TITLE	DP	☒ DELETE	
NAME	SODERSTROM, CARL D		
STREET ADDRESS	2828 CROASDAILE DR.		
CITY-ST-ZIP	DURHAM NC		
TITLE	T	☒ DELETE	
NAME	BREDESON, CHRIS		
STREET ADDRESS	6550 N. FEDERAL HWY. #300		
CITY-ST-ZIP	FT. LAUDERDALE FL		
TITLE	AS	☐ DELETE	
NAME	SNEDEKER, ANGELA M.		
STREET ADDRESS	2828 CROASDAILE DR		
CITY-ST-ZIP	DURHAM NC		
TITLE		☐ DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	P	☐ Change ☒ Addition	
1.2 NAME	DOOLITTLE, KIRK		
1.3 STREET ADDRESS	2828 CROASDAILE DRIVE		
1.4 CITY-ST-ZIP	DURHAM, NC 27705		
2.1 TITLE	VP/D	☒ Change ☐ Addition	
2.2 NAME			
2.3 STREET ADDRESS	2400 EAST COMMERCIAL BLVD		
2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308		
3.1 TITLE	VP/D	☐ Change ☒ Addition	
3.2 NAME	JACKSON, BRETT L.		
3.3 STREET ADDRESS	2828 CROASDAILE DRIVE		
3.4 CITY-ST-ZIP	DURHAM, NC 27705		
4.1 TITLE	VP/S	☐ Change ☒ Addition	
4.2 NAME	FIELDING, ROBIN		
4.3 STREET ADDRESS	2400 EAST COMMERCIAL BLVD, SUITE 1100		
4.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308		
5.1 TITLE		☐ Change ☐ Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	VP	☐ Change ☒ Addition	
6.2 NAME	SMITH, PAULA		
6.3 STREET ADDRESS	2828 CROASDAILE DRIVE		
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:

Angela M. Snedeker

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

CR2E034 (9/96)