

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K02349** (4)
1. Corporation Name
COASTAL EMERGENCY SERVICES OF FT. LAUDERDALE, IN C.

Principal Place of Business 2400 E COMMERCIAL BLVD FT. LAUDERDALE FL 33308 US	Mailing Address ATTENTION: TAX DEPARTMENT P O BOX 15309 DURHAM NC 27704 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1600 S FEDERAL HIGHWAY Suite, Apt. #, etc. 22 SUITE 300 City & State 23 POMPANO BEACH, FL Zip 24 33062 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 11/17/1987	
		4. FEI Number 65-0014813		Applied For 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 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

**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

(NOT: Registered Agent signature required when reinstating)

DATE

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

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.

ASSISTANT SECRETARY

919 383-0355

CR2E034 (10/97)