FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K03603 (3)

1. Entity Name

COASTAL EMERGENCY SERVICES OF FLORIDA, INC.

JAN 95

Principal Place of Business

[redacted]
P O BOX 15309
DURHAM NC 27704

Mailing Address

[redacted]

DO NOT WRITE IN THIS SPACE

3. Date Business Started in Florida: 11/24/1987

3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 475 Montgomery Place
22 Suite 100
23 Altamonte Springs, FL
24 32714 25 USA

2a. Mailing Address
26 Attn: Tax Dept.
27
28
29 30 USA

4. FEI Number: 58-1763813 — 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. The corporation has/has not elected to be taxed as an "S" corporation under Florida Statutes: [ ] Yes [X] 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. Having been duly elected or appointed as an officer or director of this corporation, I hereby accept the appointment as registered agent and agree to comply with the provisions of Florida Statutes relative to keeping open said office.

12. Officer and/or Director

PD
SODERSTROM, CARL D
2828 CROASDAILE DRIVE
DURHAM NC

VS
VALLI, KATHLEEN
6550 N. FEDERAL HWY #300
FT. LAUDERDALE FL

V
PODOLSKY, SHERMAN M
6550 N FEDERAL HWY #300
FT LAUDERDALE FL

TAS
MARKER, GAIL
2828 CROASDAILE DR.
DURHAM NC

V
BERRY, DAVE
2828 CROASDAILE DR.
DURHAM NC

13. Additional Officer and/or Director

T [X] Add
Bredeson, Chris
2828 Croasdaile Dr.
Durham, NC 27705

AS [X] Add
Snedeker, Angela M.
2828 Croasdaile Dr.
Durham, NC 27705

14. I hereby certify that the information supplied with this report is true, and that I am authorized to sign this report pursuant to Section 607.1622, Florida Statutes. I further certify that the corporation named herein has complied with the provisions of Chapter 607, Florida Statutes, relating to the annual report required to be filed with the Department of State.

SIGNATURE: Angela M Snedeker

NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Angela M. Snedeker 4-28-95 919-383-0355

0002928 CP