FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **K03603** **(3)**

1. Corporation Name

COASTAL PHYSICIAN SERVICES OF SOUTH FLORIDA, INC

Principal Place of Business
475 MONTGOMERY PLACE
SUITE 100
ALTAMONTE SPRINGS FL 32714
US

Mailing Address
ATTN: TAX DEPT
P O BOX 15309
DURHAM NC 27704
US

2. Principal Place of Business
21 2400 EAST COMMERCIAL BLVD
Suite, Apt. #, etc.
22 SUITE 1100
City & State
23 FT. LAUDERDALE , FL
Zip
24 33308
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified: 11/24/1987

3a. Date of Last Report: 05/01/1995

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. 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 _____ DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	SODERSTROM, CARL D	
STREET ADDRESS	2828 CROASDAILE DRIVE	
CITY-ST-ZIP	DURHAM NC	
TITLE	VS	☐ DELETE
NAME	VALLI, KATHLEEN	
STREET ADDRESS	6550 N. FEDERAL HWY #300	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	V	☒ DELETE
NAME	PODOLSKY, SHERMAN M	
STREET ADDRESS	6550 N FEDERAL HWY #300	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	T	☐ DELETE
NAME	BREDESON, CHRIS	
STREET ADDRESS	2828 CROASSDAILE DR.	
CITY-ST-ZIP	DURHAM NC	
TITLE	V	☒ DELETE
NAME	BERRY, DAVE	
STREET ADDRESS	2828 CROASDAILE DR.	
CITY-ST-ZIP	DURHAM NC	
TITLE	AS	☐ DELETE
NAME	SNEDEKER, ANGELA M.	
STREET ADDRESS	2828 CROASDAILE DR.	
CITY-ST-ZIP	DURHAM NC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	☒ Change ☐ Addition
1.2 NAME	VALLI, KATHLEEN A.	
1.3 STREET ADDRESS	6550 NORTH FEDERAL HIGHWAY, SUITE 300	
1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL	
2.1 TITLE	VP/D	☒ Change ☐ Addition
2.2 NAME	BREDESON, CHRIS	
2.3 STREET ADDRESS	2400 EAST COMMERCIAL BLVD, SUITE 1100	
2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	
3.1 TITLE	S	☒ Change ☐ Addition
3.2 NAME	FIELDING, ROBIN	
3.3 STREET ADDRESS	2400 EAST COMMERCIAL BLVD, SUITE 1100	
3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	
4.1 TITLE	T	☒ Change ☐ Addition
4.2 NAME	KENNEDY, JONATHAN E.	
4.3 STREET ADDRESS	3608 MAYFAIR STREET	
4.4 CITY-ST-ZIP	DURHAM, NC 27707	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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** — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96 — Date

(919) 383-0355 — Daytime Phone #