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	Mailing Address
475 MONTGOMERY PLACE SUITE 100 ALTAMONTE SPRINGS FL 32714 US	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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	SODERSTROM, CARL D		1.2 NAME	VALLI, KATHLEEN A.	
STREET ADDRESS	2828 CROASDAILE DRIVE		1.3 STREET ADDRESS	6550 NORTH FEDERAL HIGHWAY, SUITE 300	
CITY-ST-ZIP	DURHAM NC		1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL	
TITLE	VS	☐ DELETE	2.1 TITLE	VP/D	☒ Change ☐ Addition
NAME	VALLI, KATHLEEN		2.2 NAME	BREDESON, CHRIS	
STREET ADDRESS	6550 N. FEDERAL HWY #300		2.3 STREET ADDRESS	2400 EAST COMMERCIAL BLVD, SUITE 1100	
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	
TITLE	V	☒ DELETE	3.1 TITLE	S	☒ Change ☐ Addition
NAME	PODOLSKY, SHERMAN M		3.2 NAME	FIELDING, ROBIN	
STREET ADDRESS	6550 N FEDERAL HWY #300		3.3 STREET ADDRESS	2400 EAST COMMERCIAL BLVD, SUITE 1100	
CITY-ST-ZIP	FT LAUDERDALE FL		3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	
TITLE	T	☐ DELETE	4.1 TITLE	T	☒ Change ☐ Addition
NAME	BREDESON, CHRIS		4.2 NAME	KENNEDY, JONATHAN E.	
STREET ADDRESS	2828 CROASSDAILE DR.		4.3 STREET ADDRESS	3608 MAYFAIR STREET	
CITY-ST-ZIP	DURHAM NC		4.4 CITY-ST-ZIP	DURHAM, NC 27707	
TITLE	V	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BERRY, DAVE		5.2 NAME		
STREET ADDRESS	2828 CROASDAILE DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	DURHAM NC		5.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SNEDEKER, ANGELA M.		6.2 NAME		
STREET ADDRESS	2828 CROASDAILE DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	DURHAM NC		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)(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** **4-26-96** **(919) 383-0355**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #