

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

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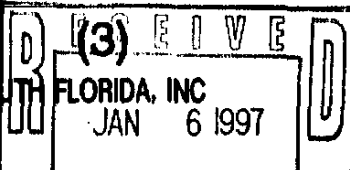
May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K03603**

1. Corporation Name

COASTAL PHYSICIAN SERVICES OF SOUTH



Principal Place of Business

2400 EAST COMMERCIAL BLVD
SUITE 1100
FT LAUDERDALE FL 33308
US

Mailing Address

CHCI
ATTN: CORPORATE TAX DEPARTMENT
P O BOX 15309
DURHAM NC 27704-0309
US



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 11/24/1987	3a. Date of Last Report 05/01/1996
4. FEI Number 58-1763813		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	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SODERSTROM, CARL D	1.2 NAME	DOOLITTLE, KIRK
STREET ADDRESS	2828 CROASDAILE DRIVE	1.3 STREET ADDRESS	2828 CROASDAILE DRIVE
CITY-ST-ZIP	DURHAM NC	1.4 CITY-ST-ZIP	DURHAM, NC 27705
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALLI, KATHLEEN	2.2 NAME	
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	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	VP/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIELDING, ROBIN	3.2 NAME	
STREET ADDRESS	6550 N FEDERAL HWY #300	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BREDESON, CHRIS	4.2 NAME	JACKSON, BRETT L.
STREET ADDRESS	2828 CROASDAILE DR.	4.3 STREET ADDRESS	2828 CROASDAILE DRIVE
CITY-ST-ZIP	DURHAM NC	4.4 CITY-ST-ZIP	DURHAM, NC 27705
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERRY, DAVE	5.2 NAME	SMITH, PAULA
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	AS <input type="checkbox"/> DELETE	6.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SNEDEKER, ANGELA M.	6.2 NAME	BLACKWOOD, TERRY W.
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 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. Sneider **ANGELA M. SNEDEKER 4-25-97 (919) 383-0355**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0010261

CR2E034 (9/96)