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Secretary of State

PROFIT  
CORPORATION.  
ANNUAL REPORT  
1998



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

DOCUMENT # K03603 (3)  
1. Corporation Name  
COASTAL PHYSICIAN SERVICES OF SOUTH FLORIDA, INC



Principal Place of Business  
2400 EAST COMMERCIAL BLVD  
SUITE 1100  
FT LAUDERDALE FL 33308  
US

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/24/1987

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 1600 S. FEDERAL HIGHWAY

Suite, Apt. #, etc.

22 SUITE 300

City & State

23 POMPANO BEACH, FL

Zip

Country

24 33062

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE  
NAME DOOLITTLE, KIRK  
STREET ADDRESS 2828 CROASDALE DRIVE  
CITY-ST-ZIP DURHAM NC

TITLE VPD ☒ DELETE  
NAME VALLI, KATHLEEN  
STREET ADDRESS 2400 E COMMERCIAL BLVD, SUITE 1100  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE VPS ☒ DELETE  
NAME FIELDING, ROBIN  
STREET ADDRESS 6550 N FEDERAL HWY #300  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE VPD ☒ DELETE  
NAME JACKSON, BRETT L  
STREET ADDRESS 2828 CROASDALE DR.  
CITY-ST-ZIP DURHAM NC

TITLE VP ☐ DELETE  
NAME SMITH, PAULA  
STREET ADDRESS 2828 CROASDALE DR.  
CITY-ST-ZIP DURHAM NC

TITLE AS ☒ DELETE  
NAME SNEDEKER, ANGELA M.  
STREET ADDRESS 2828 CROASDALE DR.  
CITY-ST-ZIP DURHAM NC

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition  
1.2 NAME PODOLSKY, SHERMAN M. M.D.  
1.3 STREET ADDRESS 2828 CROASDALE DRIVE  
1.4 CITY-ST-ZIP DURHAM, NC 27705

2.1 TITLE VPD ☐ Change ☒ Addition  
2.2 NAME BREDESON, CHRISTOPHER  
2.3 STREET ADDRESS 1600 FEDERAL HWY., STE 300  
2.4 CITY-ST-ZIP POMPANO BEACH, FL 33062

3.1 TITLE S ☐ Change ☒ Addition  
3.2 NAME GUDINAS, PAT  
3.3 STREET ADDRESS 1600 S. FEDERAL HWY., STE 300  
3.4 CITY-ST-ZIP POMPANO BEACH, FL 33062

4.1 TITLE VP AS ☒ Change ☒ Addition  
4.2 NAME SMITH, PAULA  
4.3 STREET ADDRESS 2828 CROASDALE DRIVE  
4.4 CITY-ST-ZIP DURHAM, NC 27705

5.1 TITLE AS ☒ Change ☐ Addition  
5.2 NAME PETREA, JOAN R.  
5.3 STREET ADDRESS 2828 CROASDALE DRIVE  
5.4 CITY-ST-ZIP DURHAM, NC 27705

6.1 TITLE VP ☐ Change ☒ Addition  
6.2 NAME MCDUFFIE, EDITH H.  
6.3 STREET ADDRESS 2828 CROASDALE DRIVE  
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.

SIGNATURE *Joan R. Petrea* JOAN R. PETREA

4-28-98

919 383-0355

CR2E034 (10/97)

**ATTACHMENT**

**STATE OF FLORIDA  
1998 ANNUAL REPORT**

**COASTAL PRACTICE SERVICES OF SOUTH FLORIDA, INC.  
FEIN: 58-1763813**

**ADDITIONAL OFFICERS**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Treasurer  
Bruce Rector  
2828 Croasdaile Drive  
Durham, NC 27705

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Assistant Secretary  
Tammy Davis  
2828 Croasdaile Drive  
Durham, NC 27705