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 AM 5:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L33925** **(3)**

1. Corporation Name
COASTAL PHYSICIANS SERVICES OF BROWARD COUNTY, I NC.

JAN 9 1995

Principal Place of Business	Mailing Address
6550 N. FEDERAL HIGHWAY SUITE 300 FT LAUDERDALE FL 33308 US	ATTN: TAX DEPARTMENT P.O. BOX 15309 DURHAM NC 27704 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/05/1989**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) County (25) Zip (29) County (30)

4. FEI Number: **56-1679170** ☐ 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 § 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 Section 607.0501 and 607.1008, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, TO OFFICERS AND DIRECTORS	
7 TITLE	VSD	7 TITLE	☐ Change ☐ Addition
8 NAME	VALLI, KATHLEEN	8 NAME	
9 STREET ADDRESS	6550 N FEDERAL HWY, #300	9 STREET ADDRESS	
10 CITY ST ZIP	FT. LAUDERDALE FL	10 CITY ST ZIP	
11 TITLE	~~XX~~	11 TITLE	**Delete** ☒ Change ☐ Addition
12 NAME	~~XXMCHUGH, WILLIAM R~~	12 NAME	
13 STREET ADDRESS	~~XX2828 CROASDAILE DR~~	13 STREET ADDRESS	
14 CITY ST ZIP	~~XXDURHAM NC~~	14 CITY ST ZIP	
15 TITLE	VD	15 TITLE	☐ Change ☐ Addition
16 NAME	PODOLSKY, SHERMAN M	16 NAME	
17 STREET ADDRESS	6550 N FEDERAL HWY #300	17 STREET ADDRESS	
18 CITY ST ZIP	FT LAUDERDALE FL	18 CITY ST ZIP	
19 TITLE	PD	19 TITLE	**P/D/T** ☒ Change ☐ Addition
20 NAME	SODERSTROM, CARL	20 NAME	
21 STREET ADDRESS	3010 LBJ FREEWAY, SUITE 500, LB #43	21 STREET ADDRESS	**3708 Mayfair St., Ste. 301**
22 CITY ST ZIP	DALLAS TX 09	22 CITY ST ZIP	**Durham, NC 27707**
23 TITLE	AS	23 TITLE	☐ Change ☐ Addition
24 NAME	SNEDEKER, ANGELA M	24 NAME	
25 STREET ADDRESS	2828 CROASDAILE DRIVE	25 STREET ADDRESS	
26 CITY ST ZIP	DURHAM NC	26 CITY ST ZIP	
27 TITLE		27 TITLE	☐ Change ☐ Addition
28 NAME		28 NAME	
29 STREET ADDRESS		29 STREET ADDRESS	
30 CITY ST ZIP		30 CITY ST ZIP	

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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Angela M. Sneleker **4-28-95** **919-383-0355**
Date Telephone Number

***Filed as part of a consolidated group**

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