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PROFIT CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

COASTAL PHYSICIANS SERVICES OF BROYVARD COUNTY, I

FILED May 12 1997 8:00am Secretary of State



Principal Place of Business Additional Place of Business ATIN: TAX GERARTHENIAX DEPARTMEN P.O. BOX 13309 FT LAUDERDALE FL 33308 US Mailing Additional CHGI ATIN: TAX GERARTHENIAX DEPARTMENIAX DEPARTMENIAX DEPARTMENIA				ENT	1 40014611 000 11100 11110 10110 11001 01011 01011 01011 01011 01011 01011 01011 01011 01011 01011 01011 01011			
US				3. Date Incorporated or Qualified 3a. Date of Last Report 12/05/1989 05/01/1996				
	lace of Business	2a. Mailing Add	iress			4. FEI Number Applied For		
21 Sulte, Apt.	# oto	Suite, Apt. #, etc.				56-1679170 Not Applicat		
22	# ₁ &to.	27 Soile, Apr. 7	H, CIC.			5. Certificate of Status Desired See Regulred Fee Regulred		
City & State	e	City & State				6. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip	├- -¬	ountry		8. This corporation has liability for intangible lax under s. 199,032,		
24	9. Name and Address of Current	29 Registered Agent	30	- 		Florida Statutes * X Yes No 10. Name and Address of New Registered Agent		
OT		negiatorea Agent		81	Name			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 8				<u> </u>				
PLANTATION FL 33324				82	Street	treet Address (P.O. Box Number is Not Acceptable)		
	#11/11/01/1 & 0002*			83				
				84	City	85 7ip Code		
						<u> </u>		
office or r agent. I a SIGNATURE	registered agent, or both, in the State of am familiar with, and accept the obligat Signature, typed or printed name of represented agent	ions of, Section 607	7.0505, Florida St	atutes	S.	ed corporation submits this statement for the purpose of changing its registered proration's board of directors. I hereby accept the appointment as registered are required when reinstalling).		
12.	OFFICERS AND		13	~.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PÓD		DELETE 1.1	TITLE		VP/D Change Additi		
NAME	VALU, KATHLEEN		1.2	NAME				
STREET ADDRESS	6550 N FEDERAL HWY, #300		1.3	STREET	ADDRESS	2400 EAST COMMERCIAL BLVD., SUITE 1100		
CITY-ST-ZIP	FT. LAUDERDALE FL			CITY-S	1- ZIP			
TITLE	VO	₩ :	DELETE 2.1	TITLE		P Change X Additi		
NAME	PODOLSKY, SHERMAN M			NAME		DOOLITTLE, KIRK		
STREET ADDRESS	6550 N FEDERAL HWY #300				ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL			CITY-:	ST - ZIP	DURHAM, NC 27705 VP		
TITLE	PDT SODERSTROM, CARL	X, c		TITLE Name				
NAME Street address	3708 MAYFAIR ST, STE 301				ADDRESS	JACKSON, BRETT L. 2828 CROASDAILE DRIVE		
CITY-ST-ZIP	DURHAM NC		.	DAY-:		DURHAM, NC 27705		
TITLE	AS			HILE	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	T Change X Addit		
NAME	SNEDEKER, ANGELA M	ř	4 2	NAME		BLACKWOOD, TERRY W.		
STREET ADDRESS	2828 CROASDAILE DRIVE		4.3	STREET	ADDRESS			
CITY-ST-ZIP	DURHAM NC			DITY-S	I - ZIP	DURHAM, NC 27705		
TITLE			DELETE 5.1	TITLE	-	VP/S ☐ Change 💢 Addit		
NAME				NAM;		FIELDING, ROBIN		
STREET ADDRESS			1		ADDRESS			
CITY-ST-ZIP				CITY - S	31 - 2iP	FT. LAUDERDALE, FL 33308		
TITLE	1			TITLE		Change Addit		
NAME			E .	NAME				
STREET ADDRESS	SAMALOS IN STATE				ADDRESS	5		
CITY-ST-ZIP	by carlify that the information supplied			CITY - S				

I to hereby early hat the imprimation supplied with this lining does not quality for the exemption rate of insection 148.07(3)(i), ribride statutes, 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.