

PROFIT
CORPORATION
ANNUAL REPORT
1998



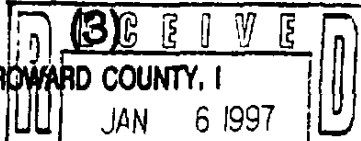
FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 01 1998 8:00am
Secretary of State

DOCUMENT # L33925

1. Corporation Name

COASTAL PHYSICIANS SERVICES OF BROWARD COUNTY, I
NC.



Principal Place of Business

2400 EAST COMMERCIAL BLVD
SUITE 1100
FT LAUDERDALE FL 33308
US

Mailing Address

ATTN: TAX DEPARTMENT CHGI
P.O. BOX 13308
DURHAM NC 27704-0309
US

3. Date Incorporated or Qualified

12/05/1989

3a. Date of Last Report

05/01/1997

2. Principal Place of Business

21 1600 S. FEDERAL HIGHWAY

2a. Mailing Address

26 Suite, Apt. #, etc.

22 SUITE 300

27 Suite, Apt. #, etc.

City & State

23 POMPANO BEACH, FL

City & State

28 City & State

Zip

24 33602

Country

25

Zip

29

Country

30

4. FEI Number

56-1679170

Applied For

Not Applicac

5. Certificate of Status Desired

☐

\$8.75 Additional
Fees 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

10000254265 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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP
NAME VALLI, KATHLEEN
STREET ADDRESS 2400 EAST COMMERCIAL BLVD., STE 1100
CITY-ST-ZIP FT. LAUDERDALE, FL 33308

☒ DELETE

TITLE P
NAME DOOLITTLE, KIRK
STREET ADDRESS 2828 CROASDAILE DRIVE
CITY-ST-ZIP DURHAM, NC 27705

☒ DELETE

TITLE VP
NAME JACKSON, BRETT L.
STREET ADDRESS 2828 CROASDAILE DRIVE
CITY-ST-ZIP DURHAM, NC 27705

☒ DELETE

TITLE T
NAME BLACKWOOD, TERRY W.
STREET ADDRESS 2828 CROASDAILE DRIVE
CITY-ST-ZIP DURHAM, NC 27705

☒ DELETE

TITLE VPS
NAME FIELDING, ROBIN
STREET ADDRESS 2400 EAST COMMERCIAL DR., STE 1100
CITY-ST-ZIP FT. LAUDERDALE, FL 33308

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP
1.2 NAME MCDUFFIE, EDITH H.
1.3 STREET ADDRESS 2828 CROASDAILE DRIVE
1.4 CITY-ST-ZIP DURHAM, NC 27705

☐ Change ☒ Addition

2.1 TITLE PD
2.2 NAME PODOLSKY, SHERMAN M., M.D.
2.3 STREET ADDRESS 2828 CROASDAILE DRIVE
2.4 CITY-ST-ZIP DURHAM, NC 27705

☐ Change ☒ Addition

3.1 TITLE S
3.2 NAME SMITH, PAULA
3.3 STREET ADDRESS 2828 CROASDAILE DRIVE
3.4 CITY-ST-ZIP DURHAM, NC 27705

☐ Change ☒ Addition

4.1 TITLE T
4.2 NAME RECTOR, BRUCE
4.3 STREET ADDRESS 2828 CROASDAILE DRIVE
4.4 CITY-ST-ZIP DURHAM, NC 27705

☐ Change ☒ Addition

5.1 TITLE AS
5.2 NAME PETERA, JOAN R.
5.3 STREET ADDRESS 2828 CROASDAILE DRIVE
5.4 CITY-ST-ZIP DURHAM, NC 27705

☐ Change ☒ Addition

6.1 TITLE AS
6.2 NAME DAVIS, TAMMY
6.3 STREET ADDRESS 2828 CROASDAILE DRIVE
6.4 CITY-ST-ZIP DURHAM, NC 27705

☐ Change ☒ Addition

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 and changed, or on an attachment with an address.

SIGNATURE:

* FILED AS PART OF A CONSOLIDATED GROUP

ASSISTANT SEC.

4-28-98

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