PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
Jun 01 1998 8:00am
Secretary of State

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

CHGI

Principal Place of Business	Mailing Address
2400 EAST COMMERCIAL BLVD SUITE 1100 FT LAUDERDALE FL 33308 US	ATTN: TAX DEPARTMENT P.O. BOX 15308 DURHAM NC 27704-0309 US

3. Date Incorporated or Qualified	3a. Date of Last Report
12/05/1989	05/01/1997

2. Principal Place of Business	2a. Mailing Address
21 1600 S. FEDERAL HIGHWAY	26
Suite, Apt. #, etc. 22 SUITE 300	Suite, Apt. #, etc. 27
City & State 23 POMPANO BEACH, FL	City & State 28
Zip / Country 24 33602 / 25	Zip / Country 29 / 30

4. FEI Number
56-1679170
☐ Applied For
☐ Not Applicac

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 s. 199.032, Florida Statutes * ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New 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 100002542651 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD VALLI, KATHLEEN 2400 EAST COMMERCIAL BLVD., STE 1100 FT. LAUDERDALE, FL 33308	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VP MCDUFFIE, EDITH H. 2828 CROASDAILE DRIVE DURHAM, NC 27705	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DOOLITTLE, KIRK 2828 CROASDAILE DRIVE DURHAM, NC 27705	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	PD PODOLSKY, SHERMAN M., M.D. 2828 CROASDAILE DRIVE DURHAM, NC 27705	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JACKSON, BRETT L. 2828 CROASDAILE DRIVE DURHAM, NC 27705	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S SMITH, PAULA 2828 CROASDAILE DRIVE DURHAM, NC 27705	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BLACKWOOD, TERRY W. 2828 CROASDAILE DRIVE DURHAM, NC 27705	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	T RECTOR, BRUCE 2828 CROASDAILE DRIVE DURHAM, NC 27705	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS FIELDING, ROBIN 2400 EAST COMMERCIAL DR., STE 1100 FT. LAUDERDALE, FL 33308	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	AS PETERA, JOAN R. 2828 CROASDAILE DRIVE DURHAM, NC 27705	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	AS DAVIS, TAMMY 2828 CROASDAILE DRIVE 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 if changed, or on an attachment with an address.

SIGNATURE: _____ ASSISTANT SEC. 4-28-98 919 383-0355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

* FILED AS PART OF A CONSOLIDATED GROUP

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