

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90045 011 \*\*\*150.00

DOCUMENT # L33925

1. Corporation Name

COASTAL PHYSICIANS SERVICES OF BROWARD COUNTY, I  
NC.

Principal Place of Business

1800 S. FEDERAL HWY  
SUITE 300  
POMPANO BEACH FL 33602  
US

Mailing Address

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

4. FEI Number

56-1679170

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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 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 V ☐ DELETE  
NAME MCDUFFIE, EDITH H  
STREET ADDRESS 2828 CROASDAILE DR  
CITY-ST-ZIP DURHAM NC 27705

TITLE PD ☐ DELETE  
NAME PODOLSKY, SHERMAN M MD  
STREET ADDRESS 2828 CROASDAILE DR  
CITY-ST-ZIP DURHAM NC 27705

TITLE S ☒ DELETE  
NAME SMITH, PAULA  
STREET ADDRESS 2828 CROASDAILE DR  
CITY-ST-ZIP DURHAM NC 27705

TITLE T ☒ DELETE  
NAME RECTOR, BRUCE  
STREET ADDRESS 2828 CROASDAILE DR  
CITY-ST-ZIP DURHAM NC 27705

TITLE AS ☐ DELETE  
NAME PETERA, JOAN R  
STREET ADDRESS 2828 CROASDAILE DR  
CITY-ST-ZIP DURHAM NC 27705

TITLE AS ☐ DELETE  
NAME DAVIS, TAMMY  
STREET ADDRESS 2828 CROASDAILE DR  
CITY-ST-ZIP DURHAM NC 27705

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME Christopher Bredeson  
1.3 STREET ADDRESS 1600 S. Federal Highway, Suite 300  
1.4 CITY-ST-ZIP Pompano Beach, FL 33062

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME Pat Gudinas  
2.3 STREET ADDRESS 1600 S. Federal Highway, Suite 300  
2.4 CITY-ST-ZIP Pompano Beach FL 33062

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME Steven M. Scott, M.D.  
3.3 STREET ADDRESS 2828 Croasdaile Dr  
3.4 CITY-ST-ZIP Durham, NC 27705

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0010850