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 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 9 1995

DOCUMENT # **P39574** **(9)**

1. Corporate Name
COASTAL CORRECTIONAL HEALTHCARE, INC.

Principal Place of Business	Mailing Address
2828 CROASDAILE DRIVE DURHAM NC 27705 US	ATTN: TAX DEPARTMENT P.O. BOX 15309 DURHAM NC 27704 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/07/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 56-1741701 — 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. The corporation has liability for intangible tax under s. 199.052, Florida Statutes. * ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.,
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 ______________________ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.
TITLE	CP	P/D — ☒ Change ☐ Addition
NAME	SANDERS, LEWIS D.	
STREET ADDRESS	2828 CROASDAILE DR.	
CITY-ST-ZIP	DURHAM NC	
TITLE	VD	☐ Change ☐ Addition
NAME	MOORE, JACKIE	
STREET ADDRESS	2828 CROASDAILE DR.	
CITY-ST-ZIP	DURHAM NC	
TITLE	SD	☐ Change ☐ Addition
NAME	FATER, DAVID H	
STREET ADDRESS	2828 CROASDAILE DRIVE	
CITY-ST-ZIP	DURHAM NC	
TITLE	T	☐ Change ☐ Addition
NAME	BRANN, L. K	
STREET ADDRESS	2828 CROASDAILE DR.	
CITY-ST-ZIP	DURHAM NC	
TITLE	V	☐ Change ☐ Addition
NAME	IRVING, JANE	
STREET ADDRESS	2828 CROASDAILE DRIVE	
CITY-ST-ZIP	DURHAM NC	
TITLE	AS	☒ Change ☐ Addition
NAME	ANDREWS, DAVID R	Andrews, R. David
STREET ADDRESS	2828 CROASDAILE DRIVE	
CITY-ST-ZIP	DURHAM NC	

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 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: [signature] R. David Andrews 4-28-95 919-383-0355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

* Files as part of a consolidated group

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