
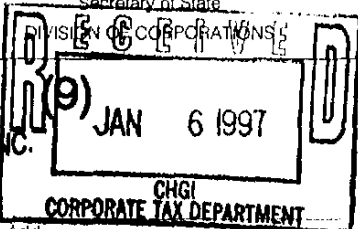


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FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

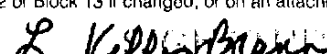
FILED
May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P39574		
1. Corporation Name COASTAL CORRECTIONAL HEALTHCARE, INC.		
		



Principal Place of Business 2828 CROASDAILE DRIVE DURHAM NC 27705 US		Mailing Address ATTN: TAX DEPARTMENT P.O. BOX 15309 DURHAM NC 27704-0309 US		Incorporated or Qualified 07/07/1992		3a. Date of Last Report 05/01/1996	
2. Principal Place of Business 21 3104 CROASDAILE DRIVE Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		4. FEI Number 56-1741701		Applied For Not Applicable	
22 BUILDING 100-300 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 DURHAM, NC Zip		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 27705 Country 25 US		29 Zip		Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CEOD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SANDERS, LEWIS D.			1.2 NAME			
STREET ADDRESS	2828 CROASDAILE DR.			1.3 STREET ADDRESS			
CITY-ST-ZIP	DURHAM NC			1.4 CITY-ST-ZIP			
TITLE	DVP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOHNSON, KAREN			2.2 NAME			
STREET ADDRESS	2828 CROASDAILE DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	DURHAM NC			2.4 CITY-ST-ZIP			
TITLE	DVST	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRANN, L. K			3.2 NAME			
STREET ADDRESS	2828 CROASDAILE DR.			3.3 STREET ADDRESS			
CITY-ST-ZIP	DURHAM NC			3.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHINDEL, DONALD L.			4.2 NAME			
STREET ADDRESS	2828 CROASDAILE DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	DURHAM NC			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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:  KELLY BRANN, 4-25-97 (910) 282-9355

CR2E034 (9/96)