

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

FILED

Apr 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P39574** (9)
1. Corporation Name
COASTAL CORRECTIONAL HEALTHCARE, INC.

Principal Place of Business 3104 CROASDAILE DR BLDG 100-300 DURHAM NC 27705 US	Mailing Address ATTN: TAX DEPARTMENT P.O. BOX 15309 DURHAM NC 27704 US
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DO NOT WRITE IN THIS SPACE

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		3. Date Incorporated or Qualified 07/07/1992	
4. FEI Number 56-1741701		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input 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	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, LEWIS D.	1.2 NAME	
STREET ADDRESS	2828 CROASDAILE DR.	1.3 STREET ADDRESS	3104 Croasdaile Dr.
CITY-ST-ZIP	DURHAM NC	1.4 CITY-ST-ZIP	Durham, NC 27705
TITLE	DVST	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANN, L. K.	2.2 NAME	
STREET ADDRESS	2828 CROASDAILE DR.	2.3 STREET ADDRESS	3104 Croasdaile Dr.
CITY-ST-ZIP	DURHAM NC	2.4 CITY-ST-ZIP	Durham, NC 27705
TITLE	VPD	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHINDEL, DONALD L.	3.2 NAME	Sr. EXEC. VP
STREET ADDRESS	2828 CROASDAILE DRIVE	3.3 STREET ADDRESS	Steven M. Scott, MD
CITY-ST-ZIP	DURHAM NC	3.4 CITY-ST-ZIP	2828 Croasdaile Dr.
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	VP
STREET ADDRESS		4.3 STREET ADDRESS	Charles C. Smith
CITY-ST-ZIP		4.4 CITY-ST-ZIP	3104 Croasdaile Dr.
TITLE		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		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 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: *L. Kelly Brann* L. Kelly Brann 3/26/98 (919) 383-6934

CR2E034 (10/97)