FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000045059 (1)**

1. Corporation Name

COASTAL MANAGED CARE OF WEST PALM BEACH, INC.

Principal Place of Business	Mailing Address
2400 E. COMMERCIAL BLVD. STE 213 FT. LAUDERDALE FL 33308 US	ATTN: TAX DEPARTMENT P.O. BOX 15309 DURHAM NC 27704 US

2. Principal Place of Business	2a. Mailing Address
21	26 ATTN: TAX DEPT
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 P.O BOX 740026
City & State 23	City & State 28 LOUISVILLE, KY
Zip / Country 24 / 25	Zip / Country 29 40201-7426 / 30

3. Date Incorporated or Qualified	3a. Date of Last Report
06/25/1993	05/01/1995

4. FEI Number: 56-1827938 ☐ 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
C/O CT 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) 300001817653

83 -05/13/96--01014--019

84 City ***200.00 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's signature required when filing

12. OFFICERS AND DIRECTORS		
TITLE	DVAS	☐ DELETE
NAME	BIRCH, WALTER	
STREET ADDRESS	2400 E. COMMERCIAL BLVD., STE 315	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	DST	☐ DELETE
NAME	HARDISTER, SHAWN	
STREET ADDRESS	2400 E. COMMERCIAL BLVD., STE 315	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	P	☐ DELETE
NAME	TOWNSEND, W.L. DOGLAS J	
STREET ADDRESS	2828 CROASDAILE DRIVE	
CITY-ST-ZIP	DURHAM NC	
TITLE	VAS	☐ DELETE
NAME	PULLIAM, SHERRY	
STREET ADDRESS	2400 E. COMMERCIAL BLVD., STE 315	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VAS	☐ DELETE
NAME	STEWART, RANDAL J	
STREET ADDRESS	2828 CROASDAILE DRIVE	
CITY-ST-ZIP	DURHAM FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P D	☑ Change X ☐ Addition
1.2 NAME	SMITH, WAYNE	
1.3 STREET ADDRESS	500 W MAIN	
1.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438	
2.1 TITLE	SrVP D	☑ Change X ☐ Addition
2.2 NAME	CASH, W LARRY	
2.3 STREET ADDRESS	500 W MAIN	
2.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438	
3.1 TITLE	SrVP D	☐ Change X ☐ Addition
3.2 NAME	COUGHLIN, KAREN A	
3.3 STREET ADDRESS	500 W MAIN	
3.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438	
4.1 TITLE	SrVP D	☐ Change X ☐ Addition
4.2 NAME	GARMON, PHILIP B	
4.3 STREET ADDRESS	500 W MAIN	
4.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438	
5.1 TITLE	SrVP D	☐ Change X ☐ Addition
5.2 NAME	LANKFORD, RONALD S., M.D.	
5.3 STREET ADDRESS	500 W MAIN	
5.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438	
6.1 TITLE	VP	☑ Change X ☐ Addition
6.2 NAME	BAUERNFEIND, GEORGE	
6.3 STREET ADDRESS	500 W MAIN	
6.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438	

5-1-96

CR2E034 (12/95)

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: George Bauernfeind **VICE PRESIDENT-TAXES** APR 29 1996 **(502)580-1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002899 CR