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 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 9

DOCUMENT # P93000045230 (8)

1. Corporation Name

COASTAL INTERNAL MEDICINE ASSOCIATES OF DADE, IN C.

Principal Place of Business:
[redacted]

Mailing Address:
ATTN: TAX DEPARTMENT
P.O. BOX 15309
DURHAM NC 27704

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	06/25/1993
3a. Date of Last Report	05/01/1994
4. FEI Number	56-1828005 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 2400 E. Commercial Blvd.	26
Suite, Apt. #, etc. 22 Ste. 213	Suite, Apt. #, etc. 27
City & State 23 Ft. Lauderdale, FL	City & State 28
Zip 24 33308 Country 25 USA	Zip 29 Country 30 USA

9. Name and Address of Current Registered Agent

BERGER, JAMES L ESQ.
100 N.E. 3RD AVE.
SUITE 400
FT. LAUDERDALE FL 33301

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVAS	1 TITLE	☒ Change ☐ Addition
NAME	BIRCH, WALTER	1 NAME	
STREET ADDRESS	3191 CORAL WAY, SUITE 805	1 STREET ADDRESS	2400 E. Commercial Blvd., Ste. 315
CITY-ST-ZIP	MIAMI FL 33145	1 CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE	DST	2 TITLE	☒ Change ☐ Addition
NAME	HARDISTER, SHAWN	2 NAME	2400 E. Commercial Blvd., Ste. 315
STREET ADDRESS	3191 CORAL WAY, SUITE 805	2 STREET ADDRESS	Ft. Lauderdale, FL 33308
CITY-ST-ZIP	MIAMI FL 33145	2 CITY-ST-ZIP	
TITLE	P	3 TITLE	☐ Change ☐ Addition
NAME	TOWNSEND, W.L. DOUGLAS JR	3 NAME	
STREET ADDRESS	2828 CROASDAILE DRIVE	3 STREET ADDRESS	
CITY-ST-ZIP	DURHAM NC 27705	3 CITY-ST-ZIP	
TITLE	VAS	4 TITLE	☒ Change ☐ Addition
NAME	PULLIAM, SHERRY	4 NAME	
STREET ADDRESS	2828 CROASDAILE DRIVE	4 STREET ADDRESS	2400 E. Commercial Blvd., Ste 315
CITY-ST-ZIP	DURHAM NC 27705	4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE	VAS	5 TITLE	☐ Change ☐ Addition
NAME	STEWART, RANDAL J	5 NAME	
STREET ADDRESS	2828 CROASDAILE DRIVE	5 STREET ADDRESS	
CITY-ST-ZIP	DURHAM NC 27705	5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

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)(k), 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: Randy J. Stewart — Randy J. Stewart 4/28/95 919-383-0355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0000920 CP