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 # **P93000045230 (8)**

1. Corporation Name

COASTAL INTERNAL MEDICINE ASSOCIATES OF DADE, IN C.

Principal Place of Business

2400 E. COMMERCIAL BLVD.
STE. 213
FT. LAUDERDALE FL 33308
US

Mailing Address

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

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

2. Principal Place of Business
21 [ ]
22 Suite, Apt. #, etc. [ ]
23 City & State [ ]
24 Zip [ ] 25 Country [ ]

2a. Mailing Address
26 **ATTN: TAX DEPT**
27 Suite, Apt. #, etc. **P O BOX 740026**
28 City & State **LOUISVILLE, KY**
29 Zip **40201-7426** 30 Country

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

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 Acceptable)
83
84 City **FL** 85 Zip Code

300001817649
-05/13/96--01014--016
***200.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DVAS BIRCH, WALTER 2400 E. COMMERCIAL BLVD., STE. 315 FT. LAUDERDALE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P D SMITH, WAYNE 500 W MAIN LOUISVILLE KY 40201-1438	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST HARDISTER, SHAWN 2400 E. COMMERCIAL BLVD., STE 315 FT. LAUDERDALE FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	SrVP D CASH, W LARRY 500 W MAIN LOUISVILLE KY 40201-1438	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P TOWNSEND, W.L. DOUGLAS JR 2828 CROASDAILE DRIVE DURHAM NC 27705	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SrVP D COUGHLIN, KAREN A 500 W MAIN LOUISVILLE KY 40201-1438	☐ Change ☐ Addition ☒
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VAS PULLIAM, SHERRY 2400 E. COMMERCIAL BLVD., STE 315 FT. LAUDERDALE FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	SrVP D GARMON, PHILIP B 500 W MAIN LOUISVILLE KY 40201-1438	☐ Change ☐ Addition ☒
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VAS STEWART, RANDAL J 2828 CROASDAILE DRIVE DURHAM NC 27705	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	SrVP D LANKFORD, RONALD S., M.D. 500 W MAIN LOUISVILLE KY 40201-1438	☐ Change ☐ Addition ☒
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	VP BAUERNFEIND, GEORGE 500 W MAIN LOUISVILLE KY 40201-1438	☐ Change ☐ Addition ☒

AGB 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)(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: George Bauernfeind **VICE PRESIDENT-TAXES**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 29 1996
Date

(502)580-1000
Daytime Phone #