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 # **P93000045238 (1)**

1. Corporation Name

COASTAL INTERNAL MEDICINE ASSOCIATES OF THE PALM BEACHES, INC.

JAN 19

Principal Place of Business
2400 E COMMERCIAL BLVD
SUITE 213
FT LAUDERDALE FL 33308
US

Mailing Address
ATTN: TAX DEPARTMENT
PO BOX 15309
DURHAM NC 27704
US

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

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

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

4. FEI Number: 56-1827928 — 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)
83 000001817650 -05/13/96--01014--017
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 _____ Signature (typed or printed name of registered agent and the date signed) — IN FL Registered Agent signature required when filing online — DATE

CR2E034 (12/95)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVAS ☐ DELETE	1.1 TITLE	P D ☒ Change ☐ Addition
NAME	BIRCH, WALTER	1.2 NAME	SMITH, WAYNE
STREET ADDRESS	2400 E COMMERCIAL BLVD SUITE 315	1.3 STREET ADDRESS	500 W MAIN
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438
TITLE	DST ☐ DELETE	2.1 TITLE	SrVP D ☒ Change ☐ Addition
NAME	HARDISTER, SHAWN	2.2 NAME	CASH, W LARRY
STREET ADDRESS	2400 E COMMERCIAL BLVD SUITE 315	2.3 STREET ADDRESS	500 W MAIN
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438
TITLE	P ☐ DELETE	3.1 TITLE	SrVP D ☐ Change ☐ Addition ☒
NAME	TOWNSEND, W L DOUGLAS JR	3.2 NAME	COUGHLIN, KAREN A
STREET ADDRESS	2828 CROASDAILE DR	3.3 STREET ADDRESS	500 W MAIN
CITY-ST-ZIP	DURHAM NC	3.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438
TITLE	VAS ☐ DELETE	4.1 TITLE	SrVP D ☐ Change ☐ Addition ☒
NAME	PULLIAM, SHERRY	4.2 NAME	GARMON, PHILIP B
STREET ADDRESS	2400 E COMMERCIAL BLVD SUTIE 315	4.3 STREET ADDRESS	500 W MAIN
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438
TITLE	VAS ☐ DELETE	5.1 TITLE	SrVP D ☐ Change ☐ Addition ☒
NAME	STEWART, RANDAL J	5.2 NAME	LANKFORD, RONALD S., M.D.
STREET ADDRESS	2828 CROASDAILE DR	5.3 STREET ADDRESS	500 W MAIN
CITY-ST-ZIP	DURHAM NC	5.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438
TITLE	☐ DELETE	6.1 TITLE	VP ☐ Change ☐ Addition ☒
NAME		6.2 NAME	BAUERNFEIND, GEORGE
STREET ADDRESS		6.3 STREET ADDRESS	500 W MAIN
CITY-ST-ZIP		6.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438

5-1-96

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** — APR 29 1996 — **(502)580-1000**

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