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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # P94000013281 (8)

1. Corporation Name

COASTAL PHYSICIAN GROUP OF FLORIDA, INC.

Principal Place of Business	Mailing Address
2828 CROASDAILE DR. DURHAM NC 27705	ATTN: TAX DEPT PO BOX 15309 DURHAM NC 27704 US

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

2a. Mailing Address 26 ___ Suite, Apt. #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

3. Date Incorporated or Qualified: 02/17/1994

3a. Date of Last Report: 05/01/1995

4. FEI Number: 56-1861618 ☐ 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
1200 S. 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

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 signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	LUCIBELLA, RICHARD	
STREET ADDRESS	2400 E. COMMERCIAL BLVD, STE 315	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VPD	☐ DELETE
NAME	RICHMAN, ANDREW M	
STREET ADDRESS	2400 E. COMMERCIAL BLVD., STE 315	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VPD	☒ DELETE
NAME	SOLNIK, MICHAEL M.D.	
STREET ADDRESS	2400 E. COMMERCIAL BLVD. STE 315	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VPAS	☒ DELETE
NAME	HARDISTER, SHAWN W.	
STREET ADDRESS	2400 E. COMMERCIAL BLVD. STE 315	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VPAS	☒ DELETE
NAME	BIRCH, WALTER E.	
STREET ADDRESS	2400 E. COMMERCIAL BLVD., STE 315	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	AS	☐ DELETE
NAME	SNEDEKER, ANGELA M.	
STREET ADDRESS	2828 CROASDAILE DR	
CITY-ST-ZIP	DURHAM NC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	☒ Change ☐ Addition
1.2 NAME	BAUER, ANNETTE	
1.3 STREET ADDRESS	2400 EAST COMMERCIAL BLVD, SUITE 1100	
1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	
2.1 TITLE	V/T	☒ Change ☐ Addition
2.2 NAME	DICKERSON, W. RANDALL	
2.3 STREET ADDRESS	2828 CROASDAILE DRIVE	
2.4 CITY-ST-ZIP	DURHAM, NC 27705	
3.1 TITLE	S	☐ Change ☒ Addition
3.2 NAME	NYROP, KIRSTEN	
3.3 STREET ADDRESS	2828 CROASDAILE DRIVE	
3.4 CITY-ST-ZIP	DURHAM, NC 27705	
4.1 TITLE	AS	☒ Change ☐ Addition
4.2 NAME	ANDREWS, R. DAVID	
4.3 STREET ADDRESS	2828 CROASDAILE DRIVE	
4.4 CITY-ST-ZIP	DURHAM, NC 27705	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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: R. DAVID ANDREWS 4-26-96 (919) 383-0355

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

CR2E034 (12/95)