

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000013281 (8)

1. Corporation Name

COASTAL PHYSICIAN GROUP OF FLORIDA, INC.

JAN 6 1997

Principal Place of Business

2828 CROASDAILE DR.
DURHAM NC 27705

Mailing Address

ATTN: TAX DEPT
PO BOX 15309
DURHAM NC 27704-0309
US

CHG

CORPORATE TAX DEPARTMENT

3. Date Incorporated or Qualified

02/17/1994

3a. Date of Last Report

05/01/1996

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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 S ☒ DELETE

NAME MYROP, KIRSTEN
STREET ADDRESS 2828 CROASDAILE DRIVE
CITY-ST-ZIP DURHAM NC

TITLE AS ☐ DELETE

NAME ANDREWS, R. DAVID
STREET ADDRESS 2828 CROASDAILE DRIVE
CITY-ST-ZIP DURHAM NC

TITLE PD ☐ DELETE

NAME BAUER, ANNETTE
STREET ADDRESS 2400 EAST COMMERCIAL BLVD SUITE 1100
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 VICE PRESIDENT/TREASURER ☐ Change ☒ Addition

1.2 NAME DICKERSON, W. RANDALL
1.3 STREET ADDRESS 2828 CROASDAILE DRIVE
1.4 CITY-ST-ZIP DURHAM, NC 27705

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. DAVID ANDREWS 4-25-97 (919) 383-0355

Date

Daytime Phone #

0010268

CR2E034 (9/96)