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FILED  
May 08 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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.



Principal Place of Business

Mailing Address

2828 CROASDAILE DR.  
DURHAM NC 27705

ATTN: TAX DEPT  
PO BOX 15309  
DURHAM NC 27704  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/17/1994

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☒

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPT ☒ DELETE  
NAME DICKERSON, W R  
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 ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE VPD ☐ Change ☒ Addition  
1.2 NAME DAUCHERT, EUGENE F. JR.  
1.3 STREET ADDRESS 2828 CROASDAILE DRIVE  
1.4 CITY-ST-ZIP DURHAM, NC 27705

2.1 TITLE ST ☐ Change ☒ Addition  
2.2 NAME FRITSH, KERRI M.  
2.3 STREET ADDRESS 2828 CROASDAILE DRIVE  
2.4 CITY-ST-ZIP DURHAM, NC 27705

3.1 TITLE P ☐ Change ☒ Addition  
3.2 NAME SCOTT, STEVEN M. M.D.  
3.3 STREET ADDRESS 2828 CROASDAILE DRIVE  
3.4 CITY-ST-ZIP DURHAM, NC 27705

4.1 TITLE AS ☐ Change ☒ Addition  
4.2 NAME PETREA, JOAN R.  
4.3 STREET ADDRESS 2828 CROASDAILE DRIVE  
4.4 CITY-ST-ZIP DURHAM, NC 27705

5.1 TITLE AS ☐ Change ☒ Addition  
5.2 NAME VARGO, ROBERT  
5.3 STREET ADDRESS 2828 CROASDAILE DRIVE  
5.4 CITY-ST-ZIP DURHAM, NC 27705

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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.

CR2E034 (10/97)