## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT # 1. Corporation Name

P94000092208 (5)

COASTAL PHYSICIAN GROUP SERVICES, INC.

**FILED** May 01 1996 8:00 am Secretary of State



Principal Place of Business Mailing Address  2828 CROASTDAILE DRIVE ATTN: TAX DEPT					1 10917697 115 10101 01011 09114 1			i 110ft <b>80fg</b> i 1011 1 <b>88</b> 1	
	ASTDAILE UKIYE	P O BOX 15309							
		US			<ol><li>Date Incorporated or Qualified</li></ol>	3a. Dat	3a. Date of Last Report		
				12/21/1994		03/07/1995			
2. Principal Pia	ace of Business	·			4. F.I Number			Applied For	
Suite Apt. #, etc.						Not Applicable			
22		27	27		5. Cert-ficate of Status Desired		\$8.75 Additional Fee Required		
City & State		- n			6. Election Campaign Financing Trust Fund Contribution  St.00 Ma				
					Added to Fees				
24					This corporation has liability for intangible tax under s 199.032,     Florida Statutes				
			.1301	10. Name and Address of New Register					
			81	Name	to. Halle and Address of New F	registered	Agent		
CT CC	ORPORATION SYSTEM								
			82	Street A	treet Address (P.O. Box Number is Not Acceptable)				
			83						
	INIION I E 33324			<b></b>					
	ATTN: TAX DEPT P O BOX 15309 DURHAM NC 27704 US  Place of Business  2a. Mailing Address  2b. Suith, Ani. it. etc.  27  Cory & State  28  Country  27  Cory & State  28  Country  27  P O Box 15309  9. Name and Address of Current Registered Agent  CORPORATION SYSTEM  9. Name and Address of Current Registered Agent  CORPORATION SYSTEM  9. Name and Address of Current Registered Agent  CORPORATION SYSTEM  9. Name and Address of Current Registered Agent  CORPORATION SYSTEM  9. Name and Address of Current Registered Agent  CORPORATION SYSTEM  9. Name and Address of Current Registered Agent  CORPORATION SYSTEM  9. Name and Address of Current Registered Agent  83  84 City  Corporation System  9. PIE ISLAND ROAD  NTATION FL 33324  83  84 City  Suither Expenditure of the Internation of Corporation System Agent		FI	85 Z	p Code				
11. Pursuant to	o the provisions of Sections 607.0502 a	and 607,1508, Florida Statute	es, the above-r	t named cor	poration submits this statement for the pu		enging its	registered office	
To regratere	so agent, or bout, in the alate of filest	LI OUCH CHATHE WAS AUTHORIZA	OF THE THE COUN	oralionis b	poard of directors. I hereby accept the app	ointment as	registered	dagent Lam	
SIGNATURE	, and action, the bengins and concerns	- Con Coods, Fighted Statetes							
	Signature, typed or protect white of a jectored agencies	internal application (No.)	fit. Projecterica Agei	t signature no	parest where resectating	DATE			
12.	OFFICERS AND	DIRECTORS			ADDITIONS/CHANGES TO OFF	ICEHS AND	DIRECTO	ORS IN 12	
TITL€	,	DELETE	1 1 TIFLE	1	P/CEO/D	5	Change	Addition	
NAME			1.2 NAME						
STREET ADDRESS			13 STREET	ADDRESS					
CITY-ST-ZiF			1.4 CiTy - S	I - ŽIP					
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	2 1 TITLE		CAO/AT	(	] Change	<b>KX</b> Addition	
NA.ME			2.2 NAME		TROST, TIMOTHY W.				
STREET ADDRESS			2.3 S*#EET	ADDRESS	2828 CROASDAILE DRIVE				
CITY - ST - ZIF			· • • •	[-ZIP	DURHAM, NC 27705				
TITLE NAME		[ ] DELETE					Change	☐ Addition	
STREET ADDRESS CHTY-ST-ZIP									
THILE	DURRAM NC	[ ] DELETE		T Z:P					
NAME	DICKEDSON M. B			<b>.</b>	MATTE M D DEDERMAN		Change	X Addition	
STREET ADDRESS					ALLS, M.D., BERTRAM E	•			
CITY+ST-ZIP									
TITLE		TW DELETE		1 - 21F   11	URHAM, NC 27705	— <del></del> -	<b>7</b>		
NAME		A CLUT				L	Change	Addition	
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CITY-ST-ZIP									
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NAME		C) better				Ľ	X Change	Addit on	
STREET ADDRESS				.nencas h	ORMAN, STEPHEN D.				
					828 CROASDAILE DRIVE				
CITY-ST-ZiP	DURHAM NC		6.4 CITY - S	ZP D	URHAM, NC 27705				

I do hereby certify that the information supplied will this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Fiorida Statutes. I further certify that the information indicates of 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 of 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 12 of hanged, or on any furnished.

KUSON W. RANDALL DICKERSON INTEO NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96

(919) 383-0355 Caytime Phone #