
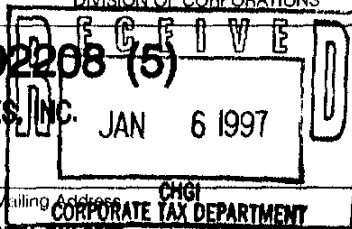


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 09 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P94000092208 (5)</b> 1. Corporation Name <b>COASTAL PHYSICIAN GROUP SERVICES, INC.</b>					
Principal Place of Business <b>2828 CROASDAILE DRIVE</b> <b>DURHAM NC 27705</b> <b>US</b>					
Mailing Address <b>ATTN: TAX DEPT</b> <b>P O BOX 15309</b> <b>DURHAM NC 27704-0309</b> <b>US</b>					



<b>2. Principal Place of Business</b> <b>21 2828 CROASDAILE DRIVE</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b>		<b>2a. Mailing Address</b> <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b>		<b>3. Date Incorporated or Qualified</b> <b>12/21/1994</b>		<b>3a. Date of Last Report</b> <b>05/01/1996</b>	
<b>25</b> Country		<b>30</b> Country		<b>4. FEI Number</b> <b>65-0542876</b>		Applied For <input type="checkbox"/> Not Applicable	
<b>9. Name and Address of Current Registered Agent</b> <b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>		<b>10. Name and Address of New Registered Agent</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>81</b> Name		<b>82</b> Street Address (P.O. Box Number is Not Acceptable)		<b>83</b>		<b>8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>84</b> City		<b>85</b> Zip Code		<b>FL</b>			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCED SCOTT, MD S M	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2828 CROASDAILE DRIVE	1.2 NAME	
STREET ADDRESS	DURHAM NC	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	CAAT TROST, TIMOTHY W	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2828 CROASDAILE DRIVE	2.2 NAME	
STREET ADDRESS	DURHAM NC	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD HEMINGWAY, JOHN A	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2828 CROASDAILE DRIVE	3.2 NAME	
STREET ADDRESS	DURHAM NC	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	T DICKERSON, W. R	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2828 CROASDAILE DRIVE	4.2 NAME	
STREET ADDRESS	DURHAM NC	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D WALLS, BERTRAM E	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2828 CROASDAILE DRIVE	5.2 NAME	
STREET ADDRESS	DURHAM NC	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	CFO CORMAN, STEPHEN D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2828 CROASDAILE DRIVE	6.2 NAME	
STREET ADDRESS	DURHAM NC	6.3 STREET ADDRESS	
CITY-ST-ZIP		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 (changed, or on an attachment with an address).

SIGNATURE: W. Randall Dickerson **W. RANDALL DICKERSON 4-25-97 (919) 383-0355**

CR2E034 (9/96)