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

DOCUMENT # P94000092736 (5)

1. Corporation Name

COASTAL PHYSICIAN GROUP OF HILLSBOROUGH COUNTY, INC.

900001858869
-06/11/96--01175--018
***200.00

Principal Place of Business	Mailing Address
2400 COMMERICAL BOULEVARD SUITE 315 FT. LAUDERDALE FL 33308	TAX DEPARTMENT P.O. BOX 15309 DURHAM NC 27704

3. Date Incorporated or Qualified: 12/23/1994
3a. Date of Last Report: 10/10/1995

2. Principal Place of Business	2a. Mailing Address
21	26 ATTN: TAX DEPT
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 P O BOX 740026
City & State 23	City & State 28 LOUISVILLE, KY
Zip 24 / Country 25	Zip 29 40201-7426 / Country 30

4. FEI Number ~~APPLIED FOR~~ 61-1294418 ☐ 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

TAYLOR, JEFFERSON C
C/O WHITE & CHASE
200 S. BISCAYNE BOULEVARD,#4900
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: C T Corporation System
82 Street Address (P.O. Box Number is Not Acceptable): 1200 So Pine Island Rd
83
84 City: Plantation FL 85 Zip Code: 33324

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	V	☐ DELETE
NAME	RICHMAN, ANDREW	
STREET ADDRESS	2400 COMMERCIAL BLVD., #315	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	ST	☐ DELETE
NAME	BAUER, ANNETTE	
STREET ADDRESS	2400 COMMERCIAL BLVD., #315	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	AS	☐ DELETE
NAME	SNEDEKER, ANGELA	
STREET ADDRESS	2400 COMMERCIAL BLVD., #315	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P D	☒ Change ☐ Addition
1.2 NAME	SMITH, WAYNE	
1.3 STREET ADDRESS	500 W MAIN	
1.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438	
2.1 TITLE	SrVP D	☒ Change ☐ Addition
2.2 NAME	CASH, W LARRY	
2.3 STREET ADDRESS	500 W MAIN	
2.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438	
3.1 TITLE	SrVP D	☒ Change ☐ Addition
3.2 NAME	COUGHLIN, KAREN A	
3.3 STREET ADDRESS	500 W MAIN	
3.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438	
4.1 TITLE	SrVP D	☒ Change ☐ Addition
4.2 NAME	GARMON, PHILIP B	
4.3 STREET ADDRESS	500 W MAIN	
4.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438	
5.1 TITLE	SrVP D	☒ Change ☐ Addition
5.2 NAME	LANKFORD, RONALD S., M.D.	
5.3 STREET ADDRESS	500 W MAIN	
5.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438	
6.1 TITLE	VP	☒ Change ☐ Addition
6.2 NAME	BAUERNFEIND, GEORGE	
6.3 STREET ADDRESS	500 W MAIN	
6.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438	

05-019602

CR2E034 (12/95)

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: George Bauernfeind VICE PRESIDENT-TAXES APR 29 1996 (502)580-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #