

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 # P95000018985 (8)

1. Corporation Name

COASTAL PHYSICIAN GROUP MANAGEMENT, INC.

Principal Place of Business

2400 E. COMMERCIAL BLVD.
#315
FORT LAUDERDALE FL 33308

Mailing Address

2400 E. COMMERCIAL BLVD.
#315
FORT LAUDERDALE FL 33308



100001858871
-06/11/96--01175--019

3. Date of Last Report
03/08/1995

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 ATTN: TAX DEPT
Suite, Apt. #, etc
P O BOX 740026

27 City & State
LOUISVILLE, KY

28 Zip
40201-7426

29 Country

4. FEI Number

65-0564256

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

BERGER, JAMES L
100 N.E. 3RD AVE.
SUITE 400
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name

CT 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

Signature of person or persons designated by the corporation to receive notices

Signature of Registered Agent or person designated by the corporation to receive notices

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME BIRCH, WALTER E
STREET ADDRESS 2400 E. COMMERCIAL BLVD., STE. 315
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. P D ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE SMITH, WAYNE
12 NAME 500 W MAIN
13 STREET ADDRESS LOUISVILLE KY 40201-1438

14 CITY-ST-ZIP SrVP D
21 TITLE CASH, W LARRY
22 NAME 500 W MAIN
23 STREET ADDRESS LOUISVILLE KY 40201-1438

24 CITY-ST-ZIP SrVP D
31 TITLE COUGHLIN, KAREN A
32 NAME 500 W MAIN
33 STREET ADDRESS LOUISVILLE KY 40201-1438

34 CITY-ST-ZIP SrVP D
41 TITLE GARMON, PHILIP B
42 NAME 500 W MAIN
43 STREET ADDRESS LOUISVILLE KY 40201-1438

44 CITY-ST-ZIP SrVP D
51 TITLE LANKFORD, RONALD S., M.D.
52 NAME 500 W MAIN
53 STREET ADDRESS LOUISVILLE KY 40201-1438

54 CITY-ST-ZIP VP
61 TITLE BAUERNFEIND, GEORGE
62 NAME 500 W MAIN
63 STREET ADDRESS LOUISVILLE KY 40201-1438

64 CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE PRESIDENT-TAXES

APR 20 1996

(502)580-1000

CR2E034 (12/95)