

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000019008 (8)

1. Corporation Name

COASTAL PHYSICIAN GROUP OF PEMBROKE PINES, 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



100001858861
-06/11/96--01175--014
***200.00

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

ATTN: TAX DEPT

27

P O BOX 740026

28

LOUISVILLE, KY

29

40201-7426

Country

30

3. Date Incorporated or Qualified

03/08/1995

3a. Date of Last Report

4. FEI Number

65-0564261

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 typed or printed name of registered agent, if applicable

Print the Registered Agent's name and address where incorporating

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME BIRCH, WALTER E
STREET ADDRESS 2400 E. COMMERCIAL BLVD., SUITE 315
CITY-ST-ZIP FORT 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

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
SMITH, WAYNE
500 W MAIN
LOUISVILLE KY 40201-1438

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

SrVP D
CASH, W LARRY
500 W MAIN
LOUISVILLE KY 40201-1438

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

SrVP D
COUGHLIN, KAREN A
500 W MAIN
LOUISVILLE KY 40201-1438

☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

SrVP D
GARMON, PHILIP B
500 W MAIN
LOUISVILLE KY 40201-1438

☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

SrVP D
LANKFORD, RONALD S., M.D.
500 W MAIN
LOUISVILLE KY 40201-1438

☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

VP
BAURNFEIND, GEORGE
500 W MAIN
LOUISVILLE KY 40201-1438

☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 Baurnfeind
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE PRESIDENT-TAXES

APR 29 1996

(502)580-1000

CR2E034 (12/95)