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 # P95000019045 (0)

1. Corporation Name
COASTAL PHYSICIAN GROUP OF SOUTH DAVIE, INC.

400001858864
-06/11/96--01175--015
***200.00

Principal Place of Business
2400 E. COMMERCIAL BLVD.
#315
FORT LAUDERDALE FL 33308

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

3. Date Incorporated or Qualified: 03/08/1995
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 ATTN: TAX DEPT
Suite, Apt. #, etc. 27 P O BOX 740026
City & State 28 LOUISVILLE, KY
Zip 29 40201-7426 Country 30

4. FEI Number: 65-0564257 — 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: 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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D NAME: BIRCH, WALTER E STREET ADDRESS: 2400 E. COMMERCIAL BLVD., STE. 315 CITY-ST-ZIP: FORT LAUDERDALE FL 33308	☐ DELETE	1 TITLE: P D NAME: SMITH, WAYNE STREET ADDRESS: 500 W MAIN CITY-ST-ZIP: LOUISVILLE KY 40201-1438	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	2 TITLE: SrVP D NAME: CASH, W LARRY STREET ADDRESS: 500 W MAIN CITY-ST-ZIP: LOUISVILLE KY 40201-1438	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3 TITLE: SrVP D NAME: COUGHLIN, KAREN A STREET ADDRESS: 500 W MAIN CITY-ST-ZIP: LOUISVILLE KY 40201-1438	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4 TITLE: SrVP D NAME: GARMON, PHILIP B STREET ADDRESS: 500 W MAIN CITY-ST-ZIP: LOUISVILLE KY 40201-1438	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5 TITLE: SrVP D NAME: LANKFORD, RONALD S., M.D. STREET ADDRESS: 500 W MAIN CITY-ST-ZIP: LOUISVILLE KY 40201-1438	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6 TITLE: VP NAME: BAUERNFEIND, GEORGE STREET ADDRESS: 500 W MAIN CITY-ST-ZIP: LOUISVILLE KY 40201-1438	☒ Change ☐ Addition

05-01-96

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 2 8 1996 — (502)580-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #