

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000086679 (4)

1. Corporation Name

COMMUNITY PHYSICIANS HEALTH PLAN, INC.

MAILING ADDRESS
CHCI
CORPORATE TAX DEPARTMENT
ATTN: TAX DEPT
P.O. BOX 15309
DURHAM NC 27704-0309

Principal Place of Business

2828 CROASDALE DRIVE
DURHAM NC 27705

97 JUN 27 AM 8:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA



3. Date Incorporated or Qualified 11/13/1995	3a. Date of Last Report 05/01/1996
4. FEI Number N/A	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D HEMINGWAY, JOHN A <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2828 CROASDALE DRIVE	1.2 NAME	SCOTT, M.D. STEVEN M.
STREET ADDRESS	DURHAM NC 27705	1.3 STREET ADDRESS	2828 CROASDALE DRIVE
CITY-ST-ZIP		1.4 CITY-ST-ZIP	DURHAM, NC 27705
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	400002229124 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	-07/02/97--01077--004
STREET ADDRESS		2.3 STREET ADDRESS	****165.00 ****165.00
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		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 if changed, or on an attachment with an address.

SIGNATURE STEVEN M. SCOTT, M.D. 4-25-97 (919) 383-0355

CP2E034 (9/96)



**COASTAL
PHYSICIAN
GROUP, INC.**
Its Subsidiaries and Affiliates
*The Physician Company**

2828 Croasdalle Drive
Post Office Box 15309
Durham, NC 27704

919-383-0355
800-476-4587
Fax 919-383-3660

June 23, 1997

Florida Department of State
Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Community Physicians Health Plan, Inc.
Reference #: P95000086679

Dear Sir/Madam:

The above-mentioned corporation received your notice dated May 20, 1997 (copy enclosed) requesting that we complete Block 4 of the annual report by entering our Federal Employer Identification Number.

To date, we have not been assigned an FEIN. Per our telephone conversation with Lee Yarborough of your department, we were instructed to write "N/A" in Block 4 in order to refile the enclosed annual report for Community Physicians Health Plan, Inc. We are currently in the process of requesting an FEIN and we will inform your department as soon as we receive it.

We appreciate your assistance in this matter. Should you have any questions, please do not hesitate to contact me at (800) 476-4587, extension 4362.

Sincerely,

Kimberly J. Miles, CPA
Tax Projects Manager

KJM:bmw

Enclosures