

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

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000004720 (4)		RECEIVED MAR 17 1997	
1. Corporation Name COASTAL PHYSICIAN SERVICES OF ORLANDO, INC.		Principal Place of Business 2400 E. COMMERCIAL BOULEVARD SUITE 1100 FT. LAUDERDALE FL 33308	
2. Principal Place of Business 21 WINTER PARK EXECUTIVE CENTER ATTENTION: TAX DEPARTMENT Suite, Apt. #, etc. 22 1950 LEE ROAD, SUITE 219 City & State 23 WINTER PARK, FL Zip 24 32789		2a. Mailing Address 27 P. O. BOX 15309 City & State 28 DURHAM, NC Zip 29 27704	
3. Date Incorporated or Qualified 01/16/1996		3a. Date of Last Report 01/16/1996	
4. FET Number 62-1625686		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	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No	
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	
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.		12. OFFICERS AND DIRECTORS 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.5 CITY-ST-ZIP 1.6 CITY-ST-ZIP 1.7 CITY-ST-ZIP 1.8 CITY-ST-ZIP 1.9 CITY-ST-ZIP 1.10 CITY-ST-ZIP	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.5 CITY-ST-ZIP 1.6 CITY-ST-ZIP 1.7 CITY-ST-ZIP 1.8 CITY-ST-ZIP 1.9 CITY-ST-ZIP 1.10 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.	



CR2E034 (9/96)

SIGNATURE: ANGELA M. SNEDEKER 4-25-97 (919) 382-0355