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May 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000004720 (4)
1. Corporation Name
COASTAL PHYSICIAN SERVICES OF ORLANDO, INC.



Principal Place of Business

1950 LEE ROAD, SUITE 219
ATTENTION: TAX DEPARTMENT
WINTER PARK FL 32789
US

Mailing Address

P.O. BOX 15309
DURHAM NC 27704
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1600 S. FEDERAL HIGHWAY

Suite, Apt. #, etc.

22 SUITE 300

City & State

23 POMPANO BEACH, FL

Zip

24 33062

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29

Country

30

3. Date Incorporated or Qualified

01/16/1996

4. FEI 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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ 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

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

TITLE ☒ DELETE

NAME DOOLITTLE, KIRK
STREET ADDRESS 2828 CROASDAILE DR
CITY-ST-ZIP DURHAM NC

TITLE ☒ DELETE

NAME VALLI, KATHLEEN A
STREET ADDRESS 2400 E COMMERCIAL BLVD., SUITE 1100
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ☐ DELETE

NAME SMITH, PAULA
STREET ADDRESS 2828 CROASDAILE DR
CITY-ST-ZIP DURHAM NC

TITLE ☒ DELETE

NAME SNEDEKER, ANGELA M
STREET ADDRESS 2828 CROASDAILE DR
CITY-ST-ZIP DURHAM NC

TITLE ☐ DELETE

NAME STANLEY, KATHERINE
STREET ADDRESS 2828 CROASDAILE DR
CITY-ST-ZIP DURHAM NC

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition

1.2 NAME PODOLSKY, SHERMAN M. M.D.
1.3 STREET ADDRESS 2828 CROASDAILE DRIVE
1.4 CITY-ST-ZIP DURHAM, NC 27705

2.1 TITLE VP ☐ Change ☒ Addition

2.2 NAME MCDUFFIE, EDITH H.
2.3 STREET ADDRESS 2828 CROASDAILE DRIVE
2.4 CITY-ST-ZIP DURHAM, NC 27705

3.1 TITLE T ☐ Change ☒ Addition

3.2 NAME RECTOR, BRUCE
3.3 STREET ADDRESS 2828 CROASDAILE DRIVE
3.4 CITY-ST-ZIP DURHAM, NC 27705

4.1 TITLE AS ☐ Change ☒ Addition

4.2 NAME PETREA, JOAN R.
4.3 STREET ADDRESS 2828 CROASDAILE DRIVE
4.4 CITY-ST-ZIP DURHAM, NC 27705

5.1 TITLE AS ☐ Change ☒ Addition

5.2 NAME DAVIS, TAMIY
5.3 STREET ADDRESS 2828 CROASDAILE DRIVE
5.4 CITY-ST-ZIP DURHAM, NC 27705

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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

JOAN R. PETREA

4-28-98

210-222-2255

CR2E034 (10/97)