

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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90081 020 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000004720**  
 1. Corporation Name  
**COASTAL PHYSICIAN SERVICES OF ORLANDO, INC.**

Principal Place of Business 1600 S FEDERAL HIGHWAY SUITE 300 POMPANO BEACH FL 33062 US	Mailing Address P.O BOX 15309 DURHAM NC 27704 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified <b>01/16/1996</b>	Applied For Not Applicable
4. FEI Number <b>62-1625686</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PODOLSKY, SHERMAN M MD	1.2 NAME	<b>D/V Christopher Bredeson</b>
STREET ADDRESS	2828 CROASDAILE DR	1.3 STREET ADDRESS	<b>1600 S. Federal Highway, Suite 300</b>
CITY-ST-ZIP	DURHAM NC 27705	1.4 CITY-ST-ZIP	<b>Pompano Beach, FL 33062</b>
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCDUFFIE, EDITH H	2.2 NAME	<b>Pat Gudines</b>
STREET ADDRESS	2828 CROASDAILE DRIVE	2.3 STREET ADDRESS	<b>1600 S. Federal Highway</b>
CITY-ST-ZIP	DURHAM NC 27705	2.4 CITY-ST-ZIP	<b>Pompano Beach FL 33062</b>
TITLE	VPS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, PAULA	3.2 NAME	<b>Tammy Davis</b>
STREET ADDRESS	2828 CROASDAILE DR	3.3 STREET ADDRESS	<b>2828 Croasdaile Dr.</b>
CITY-ST-ZIP	DURHAM NC	3.4 CITY-ST-ZIP	<b>Durham, NC 27705</b>
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RECTOR, BRUCE	4.2 NAME	
STREET ADDRESS	2828 CROASDAILE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	DURHAM NC 27705	4.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANLEY, KATHERINE	5.2 NAME	
STREET ADDRESS	2828 CROASDAILE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	DURHAM NC	5.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETREA, JOAN R	6.2 NAME	
STREET ADDRESS	2828 CROASDAILE DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	DURHAM NC 27705	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 of 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, with all other like empowered.

SIGNATURE: Katherine Harris Date: 4/30/99 Daytime Phone #: 919-383-0355

CR2E034 (1/98)