PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000016126

1. Corporatio	n Name		* *	>0007	- ייי
COASTA	L PHYSICIAN SERVICES OF	FLURIDA, ING	n en en en		
Principal Plac	e of Business	Malling Address		1 1821:901 J10 råser yarst parst agret agret agret	teme tiftig Dismi timbe (4814 mist comt
2829 CORASDAILE DRIVE 2829 CORASDAILE DRIVE					
DURHAM NC 27705 DURHAM NC 27705				DO NOT WRITE IN T	HIS SPACE
				3. Date Incorporated or Qualifed	
				02/18/1998	
2 Orington D	face of Business	2a. Mailing Address	, . 	4. FEI Number	Applied For
zi Pilikapai P.	iace of Business	26		56-2082995	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
2 252	6 Crousdaile Dr	27 2528 Crowde	ule Dr.	5. Certificate of Status Desired	Fee Required
City & Stat	0	City & State		6. Election Campaign Financing	~ \$5.00·мау ве —
13		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	ntangible ☐ Yes ☑No
4	[25]		<u>sol</u>	Personal Property Tax. 10. Name and Address of New Register	
	9. Name and Address of Current	Registered Agent	81 Name	to. Marie and Address of New Register	eu Agent
СТ	CORPORATION SYSTEM		1 1		
1200 SOUTH PINE ISLAND ROAD		82 Street Address (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324			83		
104	TANOT IE GOSET				
			84 City	F	EL 85 Zip Code
11. Presugnt	to the provisions of Sections 807.0502	and 607,1508, Florida Statutes	s, the above-named co	rporation submits this statement for the purpose	of changing its registered
agent. I a	on familiar with, and accept the obligation	_	Registered Agent algosture requ	rporation submits this statement for the purposition's board of directors. I hereby accept the appearance when reinstating).	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS	Change 2 Addition
TITLE		☐ DELETE	1.1 TMLE	D/V	
NAME			1.2 NAME	Christopher Bredeson 1600 s. Lederal Highway S	نانہ علانہ اللہ علانہ
STREET ADDRESS			1.3 STREET ADDRESS		γ.)
CITY-ST-ZIP		☐ DELETE	1.4 CITY-ST-ZIP	Penguo Beach FL. 33	☐ Change
TITLE	}	□ bereis	21 TITLE	Pat Graves	
HAVE	ļ		22 NAME 23 STREET ADDRESS	1600 S. Federal Milhian S	suite 300
STREET ADDRESS			2.4 CITY-ST-ZIP	Panpro Beach FL 33.	A.)
CITY-ST-ZIP		☐ DELETE	31 TITLE	₹/0	☐ Change ☐ Additio
NAME	}		32 NAME	Slamon M. Rodolsky, M.D.	
STREET ADDRESS					
				IIND S. FEDERAL Hillings	vite 300-
APPLY OF THE			3.3 STREET ADDRESS	1600 S. Federal Highway S	
CITY-ST-ZIP		☐ DELETE		HELD S. FEDERAL Highway S	
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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 buy and accurate and that my signature shall have the same legal effect as if made under cath; 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joan Retrem yodan

914-383-0355 Daytorie Phone #

FILED

May 10, 1999 8:00 am Secretary of State

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