

No. C103043

Annual Report Form 1996

Due No Later Than November 30,

2. Registered Agent and Office NOT A P.O. BOX

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Please Correct, If Not Correct

COASTAL EMERGENCY MEDICAL GR
TAX DEPARTMENT
PO BOX 15309C T CORPORATION SYSTEM
300 NORTH SIXTH STREET

BOISE ID 83701

NO FEE REQUIRED

** FINAL NOTICE **

DURHAM

NC 27704

3. Organized Under the Laws of:

CA

C103043

4. Corporations: Enter Names and Addresses of
- President, Secretary and Directors**
-
- Limited Liability Companies: Enter Names and Addresses of
- ☐
- Managers or
- ☐
- Members (check one)

Office heldNameStreet or P.O. AddressCityStateZip

PRESIDENT - DIRECTOR	BERTRAM E. WALLS, M.D.	2828 CROASDAILE DRIVE, DURHAM, NC	27705
SECRETARY	BERTRAM E. WALLS, M.D.	2828 CROASDAILE DRIVE, DURHAM, NC	27705
ASSISTANT SECRETARY	R. DAVID ANDREWS	2828 CROASDAILE DRIVE, DURHAM, NC	27705
DIRECTOR	WAYNE R. TILSON, M.D.	2828 CROASDAILE DRIVE, DURHAM, NC	27705

5. NATURE OF BUSINESS

MANAGEMENT TO HEALTHCARE INDUSTRY

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature

Date 11-5-96

Name

(Typed or Printed)

R. DAVID ANDREWS

Title ASSISTANT SECRETARY

ISSUED: 10-05-1996

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(DO NOT TAPE OR STAPLE)