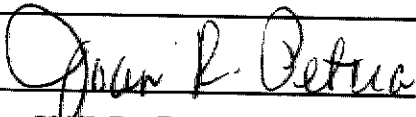


No. C103043	Annual Report Form Due No Later Than November 30, 1997		2. Registered Agent and Office NOT A P.O. BOX	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, if Not Correct COASTAL EMERGENCY MEDICAL GR TAX DEPARTMENT PO BOX 15309		C T CORPORATION SYSTEM 300 NORTH SIXTH STREET BUISE ID 83701	
* FIRST NOTICE *		DURHAM NC 27704	CA C103043	
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)				
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>
<u>Zip</u>				
DIR/PRES/SEC	PAUL N. SEWARD	2828 CROASDAILE DRIVE	DURHAM	NC 27705
DIR/VP/TREAS	WAYNE R. TILSON	2828 CROASDAILE DRIVE	DURHAM	NC 27705
ASST SEC	JOAN R. PETREA	2828 CROASDAILE DRIVE	DURHAM	NC 27705
5.		6. Signature  Name (Typed or Printed) JOAN R. PETREA Date 11-25-97 Title ASST SEC		

ISSUED: 07-04-1997

↓ DO NOT TAPE OR STAPLE ↓

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