FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **H58665** **(1)**

1. Corporation Name

MEDICAL ASSOCIATES OF BOCA RATON, INC.

Principal Place of Business
2255 GLADES ROAD
STE 416
BOCA RATON FL 33434
US

Mailing Address
ATTN: TAX DEPARTMENT
P.O. BOX 15309
DURHAM NC 27704

3. Date Incorporated or Qualified: 05/24/1985
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 ATTN: TAX DEPT
Suite, Apt. #, etc.
27 P O BOX 740026
City & State
28 LOUISVILLE, KY
Zip 29 40201-7426 Country 30

4. FEI Number: 58-1637380 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ 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 not acceptable)
83
84 City — FL — 85 Zip Code

300001917683
-05/13/96--01014--035
***200.00

14. 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 a corporation) (NOTE: Registered Agent must sign above to accept appointment) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D NAME: SOLNIK, MIKE M.D. STREET ADDRESS: 2400 E. COMMERCIAL BLVD, STE 315 CITY-ST-ZIP: FT LAUDERDALE FL	☐ DELETE	1.1 TITLE: P D 1.2 NAME: SMITH, WAYNE 1.3 STREET ADDRESS: 500 W MAIN 1.4 CITY-ST-ZIP: LOUISVILLE KY 40201-1438	☒ Change ☐ Addition
TITLE: D NAME: RICHMAN, ANDREW STREET ADDRESS: 2400 E. COMMERCIAL BLVD, STE 315 CITY-ST-ZIP: FT LAUDERDALE FL	☐ DELETE	2.1 TITLE: SrVP D 2.2 NAME: CASH, W LARRY 2.3 STREET ADDRESS: 500 W MAIN 2.4 CITY-ST-ZIP: LOUISVILLE KY 40201-1438	☒ Change ☐ Addition
TITLE: PD NAME: LUCIBELLA, RICHARD STREET ADDRESS: 2400 E. COMMERCIAL BLVD. STE 315 CITY-ST-ZIP: FT LAUDERDALE FL	☐ DELETE	3.1 TITLE: SrVP D 3.2 NAME: COUGHLIN, KAREN A 3.3 STREET ADDRESS: 500 W MAIN 3.4 CITY-ST-ZIP: LOUISVILLE KY 40201-1438	☒ Change ☐ Addition
TITLE: VS NAME: BIRCH, WALTER E STREET ADDRESS: 2400 E. COMMERCIAL BLVD, STE 315 CITY-ST-ZIP: FT LAUDERDALE FL	☐ DELETE	4.1 TITLE: SrVP D 4.2 NAME: GARMON, PHILIP B 4.3 STREET ADDRESS: 500 W MAIN 4.4 CITY-ST-ZIP: LOUISVILLE KY 40201-1438	☒ Change ☐ Addition
TITLE: VTAS NAME: HARDISTER, SHAWN W STREET ADDRESS: 2400 E. COMMERCIAL BLVD, STE 315 CITY-ST-ZIP: FT LAUDERDALE FL	☐ DELETE	5.1 TITLE: SrVP D 5.2 NAME: LANKFORD, RONALD S., M.D. 5.3 STREET ADDRESS: 500 W MAIN 5.4 CITY-ST-ZIP: LOUISVILLE KY 40201-1438	☒ Change ☐ Addition
TITLE: AS NAME: SNEDEKER, ANGELA M STREET ADDRESS: 2828 CROASDAILE DR. CITY-ST-ZIP: DURHAM NC 27705	☐ DELETE	6.1 TITLE: VP 6.2 NAME: BAUERNFEIND, GEORGE 6.3 STREET ADDRESS: 500 W MAIN 6.4 CITY-ST-ZIP: LOUISVILLE KY 40201-1438	☒ Change ☐ Addition

ASB 5-1-96

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: George Bauernfeind — **VICE PRESIDENT-TAXES** — APR 29 1996 — **(502)580-1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #