

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 # **K56303 (6)**
1. Corporation Name
BLOOMINGDALE HEALTH MANAGEMENT ASSOCIATES, INC.



Principal Place of Business: **7000 W. PALMETTO PARK RD #220 BOCA RATON FL 33433**
Mailing Address: **ATTN: TAX DEPT. ONE BOCA PLACE, SUITE 416 DURHAM NC 27704 US**

3. Date Incorporated or Qualified: **01/05/1989**
3a. Date of Last Report: **05/01/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt. #, etc.	26. ATTN: TAX DEPT	65-0089732	Not Applicable
23. City & State	27. P O BOX 740026	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	28. LOUISVILLE, KY	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	29. 40201-7426	8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
30. Country			

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	81. Name
	82. Street Address (P.O. Box is not acceptable) 7000 W PALMETTO PARK RD #220 BOCA RATON FL 33433
	83. Telephone Number 571-1376
	84. City
	85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: LUCIBELLA, RICHARD	1.1 TITLE: PD	NAME: SMITH, WAYNE
STREET ADDRESS: 2400 E. COMMERCIAL BLVD., STE 315 FT. LAUDERDALE FL		1.2 STREET ADDRESS: 500 W MAIN	STREET ADDRESS: LOUISVILLE KY 40201-1438
CITY-ST-ZIP: FT. LAUDERDALE FL		1.3 CITY-ST-ZIP: LOUISVILLE KY 40201-1438	
TITLE: D	NAME: SOLNIK, MIKE	2.1 TITLE: SrVP D	NAME: CASH, W LARRY
STREET ADDRESS: 2400 E. COMMERCIAL BLVD., ST3 315 FT. LAUDERDALE FL		2.2 STREET ADDRESS: 500 W MAIN	STREET ADDRESS: LOUISVILLE KY 40201-1438
CITY-ST-ZIP: FT. LAUDERDALE FL		2.3 CITY-ST-ZIP: LOUISVILLE KY 40201-1438	
TITLE: D	NAME: RICHMAN, ANDREW	3.1 TITLE: SrVP D	NAME: COUGHLIN, KAREN A
STREET ADDRESS: 2400 E. COMMERCIAL BLVD., STE 315 FT. LAUDERDALE FL		3.2 STREET ADDRESS: 500 W MAIN	STREET ADDRESS: LOUISVILLE KY 40201-1438
CITY-ST-ZIP: FT. LAUDERDALE FL		3.3 CITY-ST-ZIP: LOUISVILLE KY 40201-1438	
TITLE: VS	NAME: BIRCH, WALTER E	4.1 TITLE: SrVP D	NAME: GARMON, PHILIP B
STREET ADDRESS: 2400 E. COMMERCIAL BLVD., STE 315 FT. LAUDERDALE FL		4.2 STREET ADDRESS: 500 W MAIN	STREET ADDRESS: LOUISVILLE KY 40201-1438
CITY-ST-ZIP: FT. LAUDERDALE FL		4.3 CITY-ST-ZIP: LOUISVILLE KY 40201-1438	
TITLE: VTAS	NAME: HARDISTER, SHAWN W	5.1 TITLE: SrVP D	NAME: LANKFORD, RONALD S., M.D.
STREET ADDRESS: 2400 E. COMMERCIAL BLVD FT. LAUDERDALE FL		5.2 STREET ADDRESS: 500 W MAIN	STREET ADDRESS: LOUISVILLE KY 40201-1438
CITY-ST-ZIP: FT. LAUDERDALE FL		5.3 CITY-ST-ZIP: LOUISVILLE KY 40201-1438	
TITLE: AS	NAME: SNEDEKER, ANGELA M	6.1 TITLE: VP	NAME: BAUERNFEIND, GEORGE
STREET ADDRESS: 2828 CROASDALE DR DURHAM NC		6.2 STREET ADDRESS: 500 W MAIN	STREET ADDRESS: LOUISVILLE KY 40201-1438
CITY-ST-ZIP: DURHAM NC		6.3 CITY-ST-ZIP: LOUISVILLE KY 40201-1438	

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 29 1996 (502)580-1000

CR2E034 (12/95)