

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **F79787** (0)
1. Corporation Name
MEDICAL ASSOCIATES OF WEST PALM BEACH, INC.

Principal Place of Business:
**2255 GLADES ROAD
STE 416
BOCA RATON FL 33431
US**

Mailing Address:
**ATTN TAX DEPT
P O BOX 15309
DURHAM NC 27704
US**

JAN 9

APPROVED
AND
FILED

95 MAY -1 AM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:		2a. Mailing Address:		3. Date incorporated or Qualified:		3a. Date of Last Report:	
21		26		05/11/1982		06/03/1994	
22		27		4. FFI Number		Applied For	
23		28		59-2210737		Not Applicable	
24		29		5. Certificate of Status: Exempt		[] \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contributions		[] \$5.00 May Be Added to Fees	
26		31		7. This corporation has liability for intangible tax under s. 199.02, Florida Statutes.		[] Yes [X] No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION 1200 SOUTH PINE ISLAND PLANTATION FL 33324				81 Name			
				82 Street Address (if 1) Box Number is Not Applicable			
				83			
				84 City			
				FL 85 Zip Code			

11. Pursuant to the provisions of Sections 601, 602, and 607, Florida Statutes, the above named corporation submits this statement for the purpose of verifying its registered office or registered agent in both the State of Florida. Such change was authorized by the corporation's board of directors. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of s. 607.02, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	D SOLNIK, MIKE M D XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX	NAME	[X] Change [] Addition
STREET ADDRESS	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX	2400 E. Commercial Blvd., Ste. 315 Ft. Lauderdale, FL 33308	
CITY, STATE, ZIP	XXXXXXXXXXXX XXXXXXXXXXXX		
NAME	D RICHMAN, ANDREW M MD XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX	NAME	[X] Change [] Addition
STREET ADDRESS	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX	2400 E. Commercial Blvd., Ste. 315 Ft. Lauderdale, FL 33308	
CITY, STATE, ZIP	XXXXXXXXXXXX XXXXXXXXXXXX		
NAME	PD LUCIBELLA, RICHARD XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX	NAME	[X] Change [] Addition
STREET ADDRESS	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX	2400 E. Commercial Blvd., Ste. 315 Ft. Lauderdale, FL 33308	
CITY, STATE, ZIP	XXXXXXXXXXXX XXXXXXXXXXXX		
NAME	VS BIRCH, WALTER E XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX	NAME	[X] Change [] Addition
STREET ADDRESS	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX	2400 E. Commercial Blvd., Ste. 315 Ft. Lauderdale, FL 33308	
CITY, STATE, ZIP	XXXXXXXXXXXX XXXXXXXXXXXX		
NAME	VTAS HARDISTER, SHAWN W XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX	NAME	[X] Change [] Addition
STREET ADDRESS	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX	2400 E. Commercial Blvd., Ste. 315 Ft. Lauderdale, FL 33308	
CITY, STATE, ZIP	XXXXXXXXXXXX XXXXXXXXXXXX		
NAME	AS SNEDEKER, ANGELA M 2828 CROASDALE DR DURHAM NC	NAME	[] Change [] Addition
STREET ADDRESS			
CITY, STATE, ZIP			

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in s. 199.02(1)(b), 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 make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changed, or on an attachment with an address.

SIGNATURE: *Angela M. Snedeker* Angela M. Snedeker 4-28-95 919-383-0355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

F79787

ATTACHMENT

**STATE OF FLORIDA
1995 CORPORATION ANNUAL REPORT**

**MEDICAL ASSOCIATES OF WEST PALM BEACH, INC.
DOCUMENT # F79787
FEIN: 59-2210737**

ADDITIONAL OFFICERS

TITLE	Director
NAME	Fernando Valverde, M.D.
STREET ADDRESS	2400 E. Commercial Blvd., Ste. 315
CITY-ST-ZIP	Ft. Lauderdale, FL 33308

TITLE	Director
NAME	Guillermo Salazar
STREET ADDRESS	2400 E. Commercial Blvd., Ste. 315
CITY-ST-ZIP	Ft. Lauderdale, FL 33308