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CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H28903** **(3)**

1. Corporate Name

MEDICAL MANAGEMENT ASSOCIATES OF DEERFIELD, INC.

9 1995 JAN

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2255 GLADES RD #416A BOCA RATON FL 33431	C/O TAX DEPARTMENT P O BOX 15309 DURHAM NC 27704 US

3. Date Incorporated or Qualified: **11/06/1984**

3a. Date of Last Report: **06/01/1994**

4. FEI Number: **59-2468188** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / Country 30

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 Number is Not Acceptable)

83

84 City FL 95 Zip Code

11. Pursuant to the provisions of Section 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 and familiarize with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
TITLE: D NAME: RICHMAN, ANDREW STREET ADDRESS: [illegible] CITY-ST-ZIP: [illegible]	☒ Change ☐ Addition 2400 E. Commercial Blvd., Ste. 315 Ft. Lauderdale, FL 33308
TITLE: DP NAME: LUCIBELLA, RICHARD STREET ADDRESS: [illegible] CITY-ST-ZIP: [illegible]	☒ Change ☐ Addition 2400 E. Commercial Blvd., Ste. 315 Ft. Lauderdale, FL 33308
TITLE: D NAME: SOLNIK, MIKE STREET ADDRESS: [illegible] CITY-ST-ZIP: [illegible]	☒ Change ☐ Addition 2400 E. Commercial Blvd., Ste. 315 Ft. Lauderdale, FL 33308
TITLE: VS NAME: BIRCH, WALTER E. STREET ADDRESS: 2255 GLADES RD STE 416 CITY-ST-ZIP: BOCA RATON FL [illegible]	☒ Change ☐ Addition 2400 E. Commercial Blvd., Ste. 315 Ft. Lauderdale, FL 33308
TITLE: VTAS NAME: HARDISTER, SHAWN W. STREET ADDRESS: [illegible] CITY-ST-ZIP: [illegible]	☒ Change ☐ Addition 2400 E. Commercial Blvd., Ste. 315 Ft. Lauderdale, FL 33308
TITLE: AS NAME: SNEDEKER, ANGELA M. STREET ADDRESS: 2828 CROASDAILE DR CITY-ST-ZIP: DURHAM NC	☐ Change ☐ Addition

14. The undersigned certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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 added by attachment with an address.

SIGNATURE: [signature] Angela M. Snedeker 4/28/95 919-383-0355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

000018 CP