

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 # **J06619 (7)**
1. Corporation Name
MEDICAL ASSOCIATES OF WEST BOCA RATON, INC.



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

Mailing Address
**JAN 19
TAX DEPT
P O BOX 15309
DURHAM NC 27704
US**

3. Date Incorporated or Qualified **03/28/1986** 3a. Date of Last Report **05/01/1995**
4. FEI Number **58-1684294** 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
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25 29 30

2a. Mailing Address
26 **ATTN: TAX DEPT**
27 **P O BOX 740026**
28 **LOUISVILLE, KY**
29 **40201-7426**

9. Name and Address of Current Registered Agent
**C T CORPORATION
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)
900001817689
83 **-05/13/96--01015--001**
84 City *****200.00** 85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0302 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 607.0305, Florida Statutes.

SIGNATURE _____ Signature type (personal bank check, legal signature, etc.) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	LUCIBELLA, RICHARD
STREET ADDRESS	2400 E. COMMERCIAL BLVD., STE. 315
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SOLNIK, MIKE, M.D.
STREET ADDRESS	2400 E. COMMERCIAL BLVD., SUITE 315
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	VS <input type="checkbox"/> DELETE
NAME	BIRCH, WALTER E
STREET ADDRESS	2400 E. COMMERCIAL BLVD., SUITE 315
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	VTAS <input type="checkbox"/> DELETE
NAME	HARDISTER, SHAWN W
STREET ADDRESS	2400 E. COMMERCIAL BLVD., SUITE 315
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	AS <input type="checkbox"/> DELETE
NAME	SNEDEKER, ANGELA M
STREET ADDRESS	2828 CROASDALE DR
CITY-ST-ZIP	DURHAM NC
TITLE	D <input type="checkbox"/> DELETE
NAME	RICHMAN, ANDREW
STREET ADDRESS	2400 E. COMMERCIAL BLVD., SUITE 315
CITY-ST-ZIP	FT. LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SMITH, WAYNE
1.3 STREET ADDRESS	500 W MAIN
1.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438
2.1 TITLE	SrVP D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CASH, W LARRY
2.3 STREET ADDRESS	500 W MAIN
2.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438
3.1 TITLE	SrVP D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	COUGHLIN, KAREN A
3.3 STREET ADDRESS	500 W MAIN
3.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438
4.1 TITLE	SrVP D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GARMON, PHILIP B
4.3 STREET ADDRESS	500 W MAIN
4.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438
5.1 TITLE	SrVP D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	LANKFORD, RONALD S., M.D.
5.3 STREET ADDRESS	500 W MAIN
5.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438
6.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	BAUERNFEIND, GEORGE
6.3 STREET ADDRESS	500 W MAIN
6.4 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 APR 29 1996 (502)580-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/MO/PHONE #

CR2E034 (12/95)