FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
TALLAHASSEE, FLORIDA

JAN 6

DO NOT WRITE IN THIS SPACE

DOCUMENT # J17204 (5)

1. Corporation Name
BOCA RATON HEALTH MANAGEMENT ASSOCIATES, INC.

Principal Place of Business	Mailing Address
7000 W PALMETTO PARK RD #220 BOCA RATON FL 33433	ATTN: TAX DEPT P. O. BOX 15309 DURHAM NC 27704 US

3. Date Incorporated or Qualified: 06/03/1986	3a. Date of Last Report: 05/24/1994
4. FEI Number: 58-1682015	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 (3/2) Florida Statutes	☐ Yes **XX** 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 / Country 25	Zip 29 / Country 30

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 Number is Not Acceptable) 83 84 City, FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	TITLE	[X] Change [ ] Addition
NAME	RICHMAN, ANDREW M.	NAME	
STREET ADDRESS	~~2255 GLADES RD #416X~~	STREET ADDRESS	2400 E. Commercial Blvd., Ste. 315
CITY-ST-ZIP	~~BOCA RATON FLxx~~	CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE	D	TITLE	[X] Change [ ] Addition
NAME	SOLNIK, MIKE	NAME	
STREET ADDRESS	~~2255 GLADES RD #410A~~	STREET ADDRESS	2400 E. Commercial Blvd., Ste. 315
CITY-ST-ZIP	~~BOCA RATON FLxx~~	CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE	PD	TITLE	[X] Change [ ] Addition
NAME	LUCIBELLA, RICHARD	NAME	
STREET ADDRESS	~~2255 GLADES RD, STE 416~~	STREET ADDRESS	2400 E. Commercial Blvd., Ste. 315
CITY-ST-ZIP	~~BOCA RATON FL~~	CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE	VS	TITLE	[X] Change [ ] Addition
NAME	BIRCH, WALTER E	NAME	
STREET ADDRESS	~~2255 GLADES RD STE 416~~	STREET ADDRESS	2400 E. Commercial Blvd., Ste. 315
CITY-ST-ZIP	~~BOCA RATON Fxx~~	CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE	VTAS	TITLE	[X] Change [ ] Addition
NAME	HARDISTER, SHAWN W	NAME	
STREET ADDRESS	~~2255 GLADES RD, STE 416~~	STREET ADDRESS	2400 E. Commercial Blvd., Ste. 315
CITY-ST-ZIP	~~BOCA RATON FLxx~~	CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE	AS	TITLE	[ ] Change [ ] Addition
NAME	SNEDEKER, ANGELA M	NAME	
STREET ADDRESS	2828 CROASDAILE DR.	STREET ADDRESS	
CITY-ST-ZIP	DURHAM NC	CITY-ST-ZIP	

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 119.01(1), 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: Angela M Snedeker (signature) Angela M. Snedeker 4-28-95 919-383-0355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0000945 CP

J17204

ATTACHMENT

STATE OF FLORIDA
1995 CORPORATION ANNUAL REPORT

BOCA RATON HEALTH MANAGEMENT ASSOCIATES, INC.
DOCUMENT # J17204
FEIN: 58-1682015

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

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

APPROVED AND FILED

FLORIDA

DOCUMENT # J18767 (0)

1. Corporate Name
WILLIAM E. PLOSS, P.A.

Principal Place of Business
44 WEST FLAGLER
SUITE #403
MIAMI FL 33130

Mailing Address
44 WEST FLAGLER
SUITE #403
MIAMI FL 33130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/11/1986
3a. Date of Last Report: 01/20/1994
4. FEI Number: 59-2777673 — 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
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

PLOSS, WILLIAM E.
~~650 CORAL WAY, #105~~
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: PLOSS, WILLIAM E.
82 Street Address (P.O. Box Number is Not Acceptable): 600 BILTMORE WAY, #808
83
84 City: CORAL GABLES FL 85 Zip Code: 33134

11. 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: W. E. Ploss, President — 4/28/95
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PLOSS, WILLIAM E.
STREET ADDRESS	44 W. FLAGLER ST. #403
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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)(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 on an attachment with an address.

SIGNATURE: W. E. Ploss — 4/28/95 (305) 374-8919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WILLIAM E. PLOSS

DATE — DAYTIME PHONE

0120741 CP