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 # K07022 (2)

1. Corporation Name
MEDICAL MANAGEMENT ASSOCIATES OF MARGATE, INC.

Principal Place of Business
2255 GLADES RD. 1 BOCA PLACE
STE. # 416A
BOCA RATON FL 33431

Mailing Address
ATTN: TAX DEPARTMENT
P. O. BOX 15309
DURHAM NC 27704
US

2. Principal Place of Business	2a. Mailing Address
21	26 ATTN: TAX DEPT
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 P O BOX 740026
City & State 23	City & State 28 LOUISVILLE, KY
Zip 24 / Country 25	Zip 29 40201-7426 / Country 30

3. Date Incorporated or Qualified 12/14/1987	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0020460	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	

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
120 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 85 Zip Code

000001817788
-05/13/96--01015--007
***200.00

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
Signature, typed or printed name of registered agent, and title if applicable — NOTE: Registered Agent's signature required where required by statute — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	1.1 TITLE	P D ☒ Change ☐ Addition
NAME	LUCIBELLA, RICHARD J.	1.2 NAME	SMITH, WAYNE
STREET ADDRESS	2400 E. COMMERCIAL BLVD., STE. 315	1.3 STREET ADDRESS	500 W MAIN
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438
TITLE	VS ☐ DELETE	2.1 TITLE	SrVP D ☒ Change ☐ Addition
NAME	BIRCH, WALTER E.	2.2 NAME	CASH, W LARRY
STREET ADDRESS	2400 E. COMMERCIAL BLVD., STE. 315	2.3 STREET ADDRESS	500 W MAIN
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438
TITLE	AS ☐ DELETE	3.1 TITLE	SrVP D ☒ Change ☐ Addition
NAME	SNEDEKER, ANGELA M.	3.2 NAME	COUGHLIN, KAREN A
STREET ADDRESS	2828 CROASDAILE DR.	3.3 STREET ADDRESS	500 W MAIN
CITY-ST-ZIP	DURHAM NC	3.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438
TITLE	D ☐ DELETE	4.1 TITLE	SrVP D ☒ Change ☐ Addition
NAME	RICHMAN, ANDREW M.D.	4.2 NAME	GARMON, PHILIP B
STREET ADDRESS	2400 E. COMMERCIAL BLVD., STE. 315	4.3 STREET ADDRESS	500 W MAIN
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438
TITLE	D ☐ DELETE	5.1 TITLE	SrVP D ☒ Change ☐ Addition
NAME	SOLNIK, MIKE M.D.	5.2 NAME	LANKFORD, RONALD S., M.D.
STREET ADDRESS	2400 E. COMMERCIAL BLVD., SUITE 315	5.3 STREET ADDRESS	500 W MAIN
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438
TITLE	VTAS ☐ DELETE	6.1 TITLE	VP ☒ Change ☐ Addition
NAME	HARDISTER, SHAWN W	6.2 NAME	BAUERNFEIND, GEORGE
STREET ADDRESS	2400 E. COMMERCIAL BLVD., STE. 315	6.3 STREET ADDRESS	500 W MAIN
CITY-ST-ZIP	FT. LAUDERDALE FL	6.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438

5-1-96

CR2E034 (12/95)

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: Gaye Bauernfeind VICE PRESIDENT-TAXES APR 29 1996 (502)580-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #