

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K07022 (2)**  
1. Corporation Name  
**MEDICAL MANAGEMENT ASSOCIATES OF MARGATE, INC.**



Principal Place of Business Mailing Address  
**2255 GLADES RD. 1 BOCA PLACE** **ATTN: TAX DEPARTMENT**  
**STE. # 416A** **P. O. BOX 15309**  
**BOCA RATON FL 33431** **DURHAM NC 27704**  
**US**

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

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

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 No. Allowed, Not Acceptable) **000001817700**  
83 **-05/13/96--01015--007**  
**\*\*\*200.00**  
84 City **FL** 85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed in block (do not use initials) (do not use initials) (do not use initials)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	P D <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	2.1 TITLE	SrVP D <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	3.1 TITLE	SrVP D <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	4.1 TITLE	SrVP D <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	5.1 TITLE	SrVP D <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	6.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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

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: Cary Baverly VICE PRESIDENT-TAXES APR 29 1996 (502)580-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE AND PHONE #

CR2E034 (12/95)