FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # K18531 (9)

1. DELRAY BEACH HEALTH MANAGEMENT ASSOCIATES, INC.

JAN 9 1995

APPROVED AND FILED

95 MAY -1 AM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7000 W PALMETTO PARK RD #220
BOCA RATON FL 33433

P O BOX 15309
[redacted]
DURHAM NC 27704
US

3. 03/18/1988 3a. 05/24/1994

2. 21

2a. 26 Attn: Tax Department

4. 61-1103898 Applied For / Not Applicable

22 27

5. $8.75 Additional Fee Required

23 28

6. $5.00 May Be Added to Fees

24 25 29 30

8. [redacted] X

9. Name and Address of Current Registered Agent

CT 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 Not Acceptable)

83

84 FL 85 Zip Code

11. [redacted]

12. Officer/Director Name and Address

D	
SOLNIK, MIKE	
2255 GLADES RD #416A	
BOCA RATON FL	
D	
RICHMAN, ANDREW	
2255 GLADES RD #416A	
BOCA RATON FL	
PD	
LUCIBELLA, RICHARD	
2255 GLADES RD STE 416	
BOCA RATON FL	
VS	X Change ☐ Add
WALTER, BIRCH E.	
2255 GLADES RD STE 416	2400 E. Commercial Blvd., Ste. 315
BOCA RATON FL	Ft. Lauderdale, FL 33308
VTAS	X Change ☐ Add
HARDISTER, SHAWN W.	
2255 GLADES RD STE 416	2400 E. Commercial Blvd., Ste. 315
BOCA RATON FL	Ft. Lauderdale, FL 33308
AS	☐ Change ☐ Add
SNEDEKER, ANGELA M.	
2828 CROASDAILE DR.	
DURHAM NC	

13. Additions, Deletions or Changes to Officers/Directors

☐ Change ☐ Add

☐ Change ☐ Add

☐ Change ☐ Add

14. [redacted]

SIGNATURE: Angela M Snedeker
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Angela M. Snedeker 4-28-95 919-383-0355

0002838 CP

K18531

ATTACHMENT

STATE OF FLORIDA
1995 CORPORATION ANNUAL REPORT
DELRAY Beach HEALTH MANAGEMENT ASSOCIATES, INC.
DOCUMENT # K18531
FEIN: 61-1103898

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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CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

... 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # K19411 (3)

1. Corporation Name

SOUTH FLORIDA ELECTRONICS CORPORATION

Principal Place of Business	Mailing Address
9971 S.W. 32ND STREET MIAMI FL 33165	9971 S.W. 32ND STREET MIAMI FL 33165

3. Date Incorporated or Qualified: 03/28/1988
3a. Date of Last Report: 04/22/1994

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

4. FEI Number: 65-0151759 ☐ 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

HIDALGO, NELSON
9971 S.W. 22ND STREET
MIAMI FL 33165

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	☐ Change ☐ Addition
NAME	HIDALGO, NELSON	1.2 NAME	
STREET ADDRESS	9971 S.W. 32ND STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	☐ Change ☐ Addition
NAME	HIDALGO, MIRIAM	2.2 NAME	
STREET ADDRESS	9971 S.W. 32ND STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 119.07(1)(i), Florida Statutes. I further certify that the information indicated on the 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: [signature] 4/22/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone

0170232 CP