

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # K18531 (9)
 1. Corporation Name
DELRAY BEACH HEALTH MANAGEMENT ASSOCIATES, INC.



Principal Place of Business: **7000 W PALMETTO PARK RD #220 BOCA RATON FL 33433**
 Mailing Address: **ATTN: TAX DEPARTMENT P.O. BOX 740026 LOUISVILLE KY 40201-7426 US**

3. Date Incorporated or Qualified: **03/18/1988** 3a. Date of Last Report: **05/01/1996**
 4. FEI Number: **61-1103898** 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 24 Country 25
 2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

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 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: _____ (Signature, typed or printed name of signatory and applicable (NOTE: Registered Agent signature required when resigning) DATE: _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE	
TITLE	PD		
NAME	SMITH, WAYNE		
STREET ADDRESS	500 WEST MAIN STREET		
CITY-ST-ZIP	LOUISVILLE KY 40201-1438		
TITLE	SVPD		
NAME	CASH, W. LARRY		
STREET ADDRESS	500 WEST MAIN STREET		
CITY-ST-ZIP	LOUISVILLE KY 40201-1438		
TITLE	SVPD		
NAME	COUGHLIN, KAREN A		
STREET ADDRESS	500 WEST MAIN STREET		
CITY-ST-ZIP	LOUISVILLE KY 40201-1438		
TITLE	SVPD		
NAME	GARMON, PHILIP B		
STREET ADDRESS	500 WEST MAIN STREET		
CITY-ST-ZIP	LOUISVILLE KY 40201-1438		
TITLE	SVPD		
NAME	LANKFORD, RONALD S MD		
STREET ADDRESS	500 WEST MAIN STREET		
CITY-ST-ZIP	LOUISVILLE KY 40201-1438		
TITLE	VP		
NAME	BAUERNFEIND, GEORGE		
STREET ADDRESS	500 WEST MAIN STREET		
CITY-ST-ZIP	LOUISVILLE KY 40201-1438		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
11 TITLE	PD		
12 NAME	WOLF, GREGORY H.		
13 STREET ADDRESS	500 W MAIN		
14 CITY-ST-ZIP	LOUISVILLE KY 40201-1438		
21 TITLE	SrVP D		
22 NAME	MCCALLISTER, MICHAEL B.		
23 STREET ADDRESS	500 W MAIN		
24 CITY-ST-ZIP	LOUISVILLE KY 40201-1438		
31 TITLE			
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE	VP		
42 NAME	MURRAY, JAMES E.		
43 STREET ADDRESS	500 W MAIN		
44 CITY-ST-ZIP	LOUISVILLE KY 40201-1438		
51 TITLE	S		
52 NAME	KROGER, JOAN O.		
53 STREET ADDRESS	500 W MAIN		
54 CITY-ST-ZIP	LOUISVILLE KY 40201-1438		
61 TITLE	VP		
62 NAME	BAUERNFEIND, GEORGE		
63 STREET ADDRESS	500 W MAIN		
64 CITY-ST-ZIP	LOUISVILLE KY 40201-1438		

14. I do hereby certify that the information supplied with this filing 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: *George Bauernfeind* **GEORGE BAUERNFEIND, V P-TAXES** 4/30/97 (502)580-1000

CR2E034 (9/96)