

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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 740028
LOUISVILLE KY 40201-7426
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/18/1988

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

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4. FEI Number
61-1103898

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

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
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 registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
WOLF, GREGORY
500 WEST MAIN STREET
LOUISVILLE KY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVPD
MCALLISTER, MICHAEL B
500 WEST MAIN STREET
LOUISVILLE KY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVPD
COUGHLIN, KAREN A
500 WEST MAIN STREET
LOUISVILLE KY 40201-1438

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MURRAY, JAMES E
500 WEST MAIN STREET
LOUISVILLE KY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
KROGER, JOAN
500 WEST MAIN STREET
LOUISVILLE KY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
BAUERNFEIND, GEORGE
500 WEST MAIN STREET
LOUISVILLE KY 40201-1438

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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

APR 30 1998

(502)520-1000

CR2E034 (10/97)