

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

COMM - 1 AM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K28805** (5)
1. Corporation Name
MEDICAL MANAGEMENT ASSOCIATES, INC.

Principal Place of Business
**2555 GLADES RD
SUITE 416A
BOCA RATON FL 33431**

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

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified **07/18/1988** 3a. Date of Last Report **05/24/1994**

4. FEI Number **65-0069257** 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. The corporation has liability for intangible tax under s. 218, Florida Statutes. ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address

21. State, Apt. # etc. 26. State, Apt. # etc.

22. City & State 27. City & State

23. City & State 28. City & State

24. City & State 25. City & State 29. City & State 30. City & State

9. Name and Address of Current Registered Agent

**C T 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, State, Zip Code **FL**

11. Pursuant to the provisions of Sections 218, 219, and 220, 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 220, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

NAME	PD LUCIBELLA, RICHARD J.
STREET ADDRESS	2555 GLADES RD SUITE 416A BOCA RATON FL 33431
CITY, STATE, ZIP	BOCA RATON FL 33431
NAME	D SOLNICK, MIKE
STREET ADDRESS	2555 GLADES RD SUITE 416A BOCA RATON FL 33431
CITY, STATE, ZIP	BOCA RATON FL 33431
NAME	D RICHMAN, ANDREW
STREET ADDRESS	2555 GLADES RD SUITE 416A BOCA RATON FL 33431
CITY, STATE, ZIP	BOCA RATON FL 33431
NAME	VS BIRCH, WALTER E
STREET ADDRESS	2555 GLADES RD SUITE 416A BOCA RATON FL 33431
CITY, STATE, ZIP	BOCA RATON FL 33431
NAME	VTAS HARDISTER, SHAWN W
STREET ADDRESS	2555 GLADES RD SUITE 416A BOCA RATON FL 33431
CITY, STATE, ZIP	BOCA RATON FL 33431
NAME	AS SNEDEKER, ANGELA M
STREET ADDRESS	2828 CROSDALE DR. DURHAM NC
CITY, STATE, ZIP	DURHAM NC

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

NAME	☒ Change ☐ Addition
STREET ADDRESS	2400 E. Commercial Blvd., Ste. 315 Ft. Lauderdale, FL 33308
CITY, STATE, ZIP	Ft. Lauderdale, FL 33308
NAME	☒ Change ☐ Addition
STREET ADDRESS	Solnik, Mike 2400 E. Commercial Blvd., Ste. 315 Ft. Lauderdale, FL 33308
CITY, STATE, ZIP	Ft. Lauderdale, FL 33308
NAME	☒ Change ☐ Addition
STREET ADDRESS	2400 E. Commercial Blvd., Ste. 315 Ft. Lauderdale, FL 33308
CITY, STATE, ZIP	Ft. Lauderdale, FL 33308
NAME	☒ Change ☐ Addition
STREET ADDRESS	2400 E. Commercial Blvd., Ste. 315 Ft. Lauderdale, FL 33308
CITY, STATE, ZIP	Ft. Lauderdale, FL 33308
NAME	☒ Change ☐ Addition
STREET ADDRESS	Hardister, Shawn W. 2400 E. Commercial Blvd., Ste. 315 Ft. Lauderdale, FL 33308
CITY, STATE, ZIP	Ft. Lauderdale, FL 33308
NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and that I am not qualified for the exceptions stated in Section 218(1)(b), Florida Statutes. I further certify that the information included on this statement is not supplemental information reported by, and not acceptable 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 person or business entity named in this report as required by Chapter 687, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or as an attachment with an address.

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

PRINT NAME AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

K2 8805

ATTACHMENT

**STATE OF FLORIDA
1995 CORPORATION ANNUAL REPORT**

**MEDICAL MANAGEMENT ASSOCIATES, INC.
DOCUMENT # K28805
FEIN: 65-0069257**

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