FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **K28805** **(5)**

1. Corporation Name

MEDICAL MANAGEMENT ASSOCIATES, INC.

Principal Place of Business
2255 GLADES RD
SUITE 416A
BOCA RATON FL 33431

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

3. Date Incorporated or Qualified: 07/18/1988
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 21
2a. Mailing Address: 26 ATTN: TAX DEPT
Suite, Apt. #, etc.: 22
Suite, Apt. #, etc.: 27 P O BOX 740026
City & State: 23
City & State: 28 LOUISVILLE, KY
Zip: 24 Country: 25
Zip: 29 40201-7426 Country: 30

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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

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 Not Acceptable) 500001817705 -05/13/96--01015--012
83 ***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
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	LUCIBELLA, RICHARD J.	2400 E. COMMERCIAL BLVD., STE 315	FT. LAUDERDALE FL	☐
D	SOLNIK, MIKE	2400 E. COMMERCIAL BLVD., STE 315	FT. LAUDERDALE FL	☐
D	RICHMAN, ANDREW	2400 E. COMMERCIAL BLVD., STE 315	FT. LAUDERDALE FL	☐
VS	BIRCH, WALTER E	2400 E. COMMERCIAL BLVD., STE 315	FT. LAUDERDALE FL	☐
VTAS	HARDISTER, SHAWN W.	2400 E. COMMERCIAL BLVD., STE 315	FT. LAUDERDALE FL	☐
AS	SNEDEKER, ANGELA M	2828 CROASDAILE DR.	DURHAM NC	☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P D	SMITH, WAYNE	500 W MAIN	LOUISVILLE KY 40201-1438	☒	☐
SrVP D	CASH, W LARRY	500 W MAIN	LOUISVILLE KY 40201-1438	☒	☐
SrVP D	COUGHLIN, KAREN A	500 W MAIN	LOUISVILLE KY 40201-1438	☒	☐
SrVP D	GARMON, PHILIP B	500 W MAIN	LOUISVILLE KY 40201-1438	☒	☐
SrVP D	LANKFORD, RONALD S., M.D.	500 W MAIN	LOUISVILLE KY 40201-1438	☒	☐
VP	BAUERNFEIND, GEORGE	500 W MAIN	LOUISVILLE KY 40201-1438	☒	☐

5-1-96

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: George Bauernfeind **VICE PRESIDENT-TAXES** APR 29 1996 **(502)580-1000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)