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	Mailing Address
2255 GLADES RD SUITE 416A BOCA RATON FL 33431	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
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	

2. Principal Place of Business	2a. Mailing Address
21	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

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) 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 _____ DATE _____
Signature, typed or printed name, of Registered Agent and Title, if applicable (Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	P D	☒ Change ☐ Addition
NAME	LUCIBELLA, RICHARD J.		1.2 NAME	SMITH, WAYNE	
STREET ADDRESS	2400 E. COMMERCIAL BLVD., STE 315		1.3 STREET ADDRESS	500 W MAIN	
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438	
TITLE	D	☐ DELETE	2.1 TITLE	SrVP D	☒ Change ☐ Addition
NAME	SOLNIK, MIKE		2.2 NAME	CASH, W LARRY	
STREET ADDRESS	2400 E. COMMERCIAL BLVD., STE 315		2.3 STREET ADDRESS	500 W MAIN	
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438	
TITLE	D	☐ DELETE	3.1 TITLE	SrVP D	☒ Change ☐ Addition
NAME	RICHMAN, ANDREW		3.2 NAME	COUGHLIN, KAREN A	
STREET ADDRESS	2400 E. COMMERCIAL BLVD., STE 315		3.3 STREET ADDRESS	500 W MAIN	
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438	
TITLE	VS	☐ DELETE	4.1 TITLE	SrVP D	☒ Change ☐ Addition
NAME	BIRCH, WALTER E		4.2 NAME	GARMON, PHILIP B	
STREET ADDRESS	2400 E. COMMERCIAL BLVD., STE 315		4.3 STREET ADDRESS	500 W MAIN	
CITY-ST-ZIP	FT. LAUDERDALE FL		4.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438	
TITLE	VTAS	☐ DELETE	5.1 TITLE	SrVP D	☒ Change ☐ Addition
NAME	HARDISTER, SHAWN W.		5.2 NAME	LANKFORD, RONALD S., M.D.	
STREET ADDRESS	2400 E. COMMERCIAL BLVD., STE 315		5.3 STREET ADDRESS	500 W MAIN	
CITY-ST-ZIP	FT. LAUDERDALE FL		5.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438	
TITLE	AS	☐ DELETE	6.1 TITLE	VP	☒ Change ☐ Addition
NAME	SNEDEKER, ANGELA M		6.2 NAME	BAUERNFEIND, GEORGE	
STREET ADDRESS	2828 CROASDAILE DR.		6.3 STREET ADDRESS	500 W MAIN	
CITY-ST-ZIP	DURHAM NC		6.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438	

5-1-96

CR2E034 (12/95)

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 #