

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # K42256 (3)

1. Corporation Name
MEDICAL MANAGEMENT ASSOCIATES OF TAMARAC, INC.

SEAL - 1 AM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

~~XXXXXXXXXX~~
~~XXXXXX~~
US

Mailing Address

ATTN: TAX DEPARTMENT
P.O. BOX 15309
DURHAM NC 27704
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/28/1988	3a. Date of Last Report 05/27/1994
4. FEI Number 65-0079130	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 authority for filing these tax returns as required by Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21. 2255 Glades Rd.	26. Ste. Apt. # 416
22. Ste. 416	27. City & State
23. Boca Raton, FL	28. City & State
24. 33431	25. USA
29. 30	30. 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)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 601.02(2) and 607.15(2), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as both in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am hereby authorized to accept the appointment as registered agent as required by Section 607.15(2), Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS BY:	
1. NAME D SOLNICK, MIKE	2. STREET ADDRESS XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX	1. NAME Solnick, Mike	☒ Change ☐ Addition
3. CITY & STATE XXXXXXXXXX		2. STREET ADDRESS 2400 E. Commercial Blvd., Ste 315	☒ Change ☐ Addition
4. CITY & STATE XXXXXXXXXX		3. CITY & STATE Ft. Lauderdale, FL 33308	☒ Change ☐ Addition
5. NAME D RICHMAN, ANDREW	6. STREET ADDRESS XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX	5. NAME 2400 E. Commercial Blvd., Ste. 315	☒ Change ☐ Addition
7. CITY & STATE XXXXXXXXXX		6. STREET ADDRESS Ft. Lauderdale, FL 33308	☒ Change ☐ Addition
8. NAME DP LUCIBELLA, RICHARD	9. STREET ADDRESS XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX	8. NAME 2400 E. Commercial Blvd., Ste. 315	☒ Change ☐ Addition
10. CITY & STATE XXXXXXXXXX		9. STREET ADDRESS Ft. Lauderdale, FL 33308	☒ Change ☐ Addition
11. NAME VS BRICH, WALTER E.	12. STREET ADDRESS XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX	11. NAME Birch, Walter E.	☒ Change ☐ Addition
13. CITY & STATE XXXXXXXXXX		12. STREET ADDRESS 2400 E. Commercial Blvd., Ste. 315	☒ Change ☐ Addition
14. NAME VTAS HARDISTER, SHAWN W.	15. STREET ADDRESS XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX	14. NAME 2400 E. Commercial Blvd., Ste. 315	☒ Change ☐ Addition
16. CITY & STATE XXXXXXXXXX		15. STREET ADDRESS Ft. Lauderdale, FL 33308	☐ Change ☐ Addition
17. NAME AS SNEDEKER, ANGELA	18. STREET ADDRESS 2828 CROASDALE DRIVE	17. NAME 2828 CROASDALE DRIVE	☐ Change ☐ Addition
19. CITY & STATE DURHAM NC		18. STREET ADDRESS DURHAM NC	☐ Change ☐ Addition

14. I, the filer, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 601.02(2), Florida Statutes. I further certify that this information was filed as the annual report or supplemental annual report as 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 nominee or authorized representative of the corporation and that my name appears on Block 1, or Block 1, of the corporation's annual report or supplemental annual report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, or Block 1, of the corporation's annual report or supplemental annual report as required by Chapter 607, Florida Statutes.

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

K42256

ATTACHMENT

**STATE OF FLORIDA
1995 CORPORATION ANNUAL REPORT**

**MEDICAL MANAGEMENT ASSOCIATES OF TAMARAC, INC.
DOCUMENT # K42256
FEIN: 65-0079130**

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