

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K91741 (4)**
1. Corporation Name
SUN CITY HEALTH MANAGEMENT ASSOCIATES, INC.



Principal Place of Business
**7000 W. PALMETTO PARK RD.
STE. #220
BOCA RATON FL 33433**

JAN 19 Mailing Address
**ATTN: TAX DEPT
P. O. BOX 15309
DURHAM NC 27704
US**

3. Date Incorporated or Qualified **05/30/1989** 3a. Date of Last Report **05/01/1995**
4. FEI Number **65-0136037** 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
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
2a. Mailing Address
26 ATTN: TAX DEPT
27 Suite, Apt. #, etc.
28 P O BOX 740026
29 City & State
30 LOUISVILLE, KY
31 Zip
32 40201-7426
33 Country

9. Name and Address of Current Registered Agent

**CT 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 **200001817712
-05/13/96--01015--018**
84 City *****200.00** 85 Zip Code **FL**

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 (if not a corporation) or registered agent of corporation (if not a corporation) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PO	LUCIBELLA, RICHARD	2400 E. COMMERCIAL BLVD STE. 315	FT. LAUDERDALE FL	<input type="checkbox"/>
D	SOLNIK, MIKE	2400 E. COMMERCIAL BLVD STE 315	FT. LAUDERDALE FL	<input type="checkbox"/>
D	RICHMAN, ANDREW	2400 E COMMERCIAL BLVD STE 315	FT LAUDERDALE FL	<input type="checkbox"/>
VS	BIRCH, WALTER E	2255 GLADES RD., STE. 416	BOCA RATON FL	<input type="checkbox"/>
VTAS	HARDISTER, SHAWN W	2400 E COMMERCIAL BLVD STE 315	FT LAUDERDALE FL	<input type="checkbox"/>
AS	SNEDEKER, ANGELA M	2828 CROASDALE DR.	DURHAM NC	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	15 CHANGE	16 ADDITION
P D	SMITH, WAYNE	500 W MAIN	LOUISVILLE KY 40201-1438	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SrVP D	CASH, W LARRY	500 W MAIN	LOUISVILLE KY 40201-1438	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SrVP D	COUGHLIN, KAREN A	500 W MAIN	LOUISVILLE KY 40201-1438	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SrVP D	GARMON, PHILIP B	500 W MAIN	LOUISVILLE KY 40201-1438	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SrVP D	LANKFORD, RONALD S., M.D.	500 W MAIN	LOUISVILLE KY 40201-1438	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	BAUERNFEIND, GEORGE	500 W MAIN	LOUISVILLE KY 40201-1438	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE PRESIDENT-TAXES

APR 20 1996

(502)580-1000

CR2E034 (12/95)