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 # L66052

1. Corporation Name

MIDTOWN HEALTH CARE CENTER MANAGEMENT, INC

100001817661
-05/13/96--01014--023
***200.00

Principal Place of Business

P O BOX 1438
500 W MAIN ST
LOUISVILLE, KY 40201-1438

Mailing Address

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

3. Date Incorporated or Qualified **04/16/90**	3a. Date of Last Report
4. FEI Number **59-3013606**	☐ 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 SO PINE ISLAND RD
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 **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 — NOTE: Registered Agent's signature required where indicated above

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	**P D** **SMITH, WAYNE** **500 W MAIN** **LOUISVILLE KY 40201-1438** ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	**SrVP D** **CASH, W LARRY** **500 W MAIN** **LOUISVILLE KY 40201-1438** ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	**SrVP D** **COUGHLIN, KAREN A** **500 W MAIN** **LOUISVILLE KY 40201-1438** ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	**SrVP D** **GARMON, PHILIP B** **500 W MAIN** **LOUISVILLE KY 40201-1438** ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	**SrVP D** **LANKFORD, RONALD S., M.D.** **500 W MAIN** **LOUISVILLE KY 40201-1438** ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	**VP** **BAUERNFEIND, GEORGE** **500 W MAIN** **LOUISVILLE KY 40201-1438** ☒ Change ☐ Addition

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 30 1996 **(502)580-1000**

Date — Daytime Phone #

5-1-96