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 # **M36985** **(3)**

1. Corporation Name

MEDICAL MANAGEMENT ASSOCIATES OF POMPANO, INC.

Principal Place of Business

C/O RICHARD LUCIBELLA
2255 GLADES ROAD. SUITE 416
BOCA RATON FL 33431

JAN 19

Mailing Address

ATTN TAX DEPT
P O BOX 15309
DURHAM NC 27704
US

3. Date Incorporated or Qualified: **08/18/1986**	3a. Date of Last Report: **05/01/1995**
4. FEI Number: **58-1693101**	☐ 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	

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

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)

200001817702
-05/13/96--01015--009
***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 date (if applicable) (NOTE: Registered Agent signature required when filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	P D	☒ Change ☐ Addition
NAME	LUCIBELLA, RICHARD		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	VS	☐ DELETE	2.1 TITLE	SrVP D	☒ Change ☐ Addition
NAME	BIRCH, WALTER E		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	VTAS	☐ DELETE	3.1 TITLE	SrVP D	☒ Change ☐ Addition
NAME	HARDISTER, SHAWN W.		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	AS	☐ DELETE	4.1 TITLE	SrVP D	☒ Change ☐ Addition
NAME	SNEDEKER, ANGELA M		4.2 NAME	GARMON, PHILIP B	
STREET ADDRESS	2828 CROASDAILE DR		4.3 STREET ADDRESS	500 W MAIN	
CITY-ST-ZIP	DURHAM NC		4.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438	
TITLE	D	☐ DELETE	5.1 TITLE	SrVP D	☒ Change ☐ Addition
NAME	RICHMAN, ANDREW M.D.		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	D	☐ DELETE	6.1 TITLE	VP	☒ Change ☐ Addition
NAME	SOLNIK, MIKE M.D.		6.2 NAME	BAUERNFEIND, GEORGE	
STREET ADDRESS	2400 E. COMMERCIAL BLVD., STE. 315		6.3 STREET ADDRESS	500 W MAIN	
CITY-ST-ZIP	FT. LAUDERDALE FL		6.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438	

ASB 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)(i), 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 #