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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Murphree Secretary of State Division of CORPORATIONS	
DOCUMENT # M82332 (1) 1. Corporation Name: MEDICAL MANAGEMENT ASSOCIATES OF RIVERLAND, INC.			
2. Principal Place of Business: 2255 GLADES ROAD, ONE BOCA PLACE SUITE 416 BOCA RATON FL 33431		2a. Mailing Address: ATTN TAX DEPT P O BOX 15309 DURHAM NC 27704 US	
21. State Apt. # etc. 22		2b. Mailing Address: 26	
23. City & State: 23		24. City & State: 24	
25.		26.	
27.		28.	
29.		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 84 City: FL 85 Zip Code:	
11. Pursuant to the provisions of Sections 607.01(1)(b) and 607.15(1)(b) Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, in 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 I accept the obligations of Section 607.01(1)(b) Florida Statutes.			
SIGNATURE			
12. OFFICERS AND DIRECTORS			
NAME	PD LUCIBELLA, RICHARD J. 2255 GLADES RD SUITE 416 BOCA RATON FL	NAME	2255 GLADES RD SUITE 416 BOCA RATON FL
NAME	D SOLNIK, MIKE 2255 GLADES RD SUITE 416 BOCA RATON FL	NAME	2255 GLADES RD SUITE 416 BOCA RATON FL
NAME	D RICHMAN, ANDREW 2255 GLADES RD SUITE 416 BOCA RATON FL	NAME	2255 GLADES RD SUITE 416 BOCA RATON FL
NAME	VS BIRCH, WALTER E 2255 GLADES RD SUITE 416 BOCA RATON FL	NAME	2255 GLADES RD SUITE 416 BOCA RATON FL
NAME	VTAS HARDISTER, SHAWN W 2255 GLADES RD SUITE 416 BOCA RATON FL	NAME	2255 GLADES RD SUITE 416 BOCA RATON FL
NAME	AS SNEDEKER, ANGELA 2828 CROASDALE DR DURHAM NC	NAME	2828 CROASDALE DR DURHAM NC
13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS			
14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that I am not guilty for the provisions stated in Section 607.01(1)(b) 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 my name were written by hand. I am not guilty of the provisions of the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and I accept the obligations of Section 607.01(1)(b) Florida Statutes. I hereby accept the appointment as registered agent. I am familiar with and I accept the obligations of Section 607.01(1)(b) Florida Statutes. I hereby accept the appointment as registered agent. I am familiar with and I accept the obligations of Section 607.01(1)(b) Florida Statutes.			
SIGNATURE: Angela M. Snedeker 4-28-95 919-383-0355 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

M82332

ATTACHMENT

**STATE OF FLORIDA
1995 CORPORATION ANNUAL REPORT**

**MEDICAL MANAGEMENT ASSOCIATES OF RIVERLAND, INC.
DOCUMENT # M82332
FEIN: 65-0058584**

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