

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 # **M83576** (2)

1. Corporation Name

PALM BEACH GARDENS HEALTH MANAGEMENT ASSOCIATES, INC.



Principal Place of Business

**7000 W PALMETTO PK RD #220
BOCA RATON FL 33433**

Mailing Address

**ATTN: TAX DEPARTMENT
ONE BOCA PLACE, SUITE 416
DURHAM NC 27704
US**

3. Date Incorporated or Qualified
05/31/1988

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **ATTN: TAX DEPT
P O BOX 740026**

22 City & State

27 City & State
LOUISVILLE, KY

23 Zip

Country

28 Zip

Country

24

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

4. FFI Number
65-0067777

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Not Permitted)
700001817707

83

**05/13/96 01015-014
***200.00**

84 City

FL

85 Zip Code

14. 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 or new registered agent

(P.O. Box Not Permitted) Agent signature required when remodeling

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **RICHMAN, ANDREW**
STREET ADDRESS **2400 E COMMERCIAL BLVD., STE. 315**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **D** ☐ DELETE
NAME **SOLNIK, MIKE**
STREET ADDRESS **2400 E COMMERCIAL BLVD., STE. 315**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **PD** ☐ DELETE
NAME **LUCIBELLA, RICHARD**
STREET ADDRESS **2400 E COMMERCIAL BLVD., STE. 315**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **VS** ☐ DELETE
NAME **BIRCH, WALTER E.**
STREET ADDRESS **2400 E COMMERCIAL BLVD., STE. 315**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **VTAS** ☐ DELETE
NAME **HARDISTER, SHAWN W.**
STREET ADDRESS **2400 E COMMERCIAL BLVD., STE. 315**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **AS** ☐ DELETE
NAME **SNEDEKER, ANGELA M**
STREET ADDRESS **2828 CROASDALE DR**
CITY-ST-ZIP **DURHAM NC**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **P D** ☒ Change ☐ Addition
12 NAME **SMITH, WAYNE**
13 STREET ADDRESS **500 W MAIN**
14 CITY-ST-ZIP **LOUISVILLE KY 40201-1438**

21 TITLE **SrVP D** ☒ Change ☐ Addition
22 NAME **CASH, W LARRY**
23 STREET ADDRESS **500 W MAIN**
24 CITY-ST-ZIP **LOUISVILLE KY 40201-1438**

31 TITLE **SrVP D** ☒ Change ☐ Addition
32 NAME **COUGHLIN, KAREN A**
33 STREET ADDRESS **500 W MAIN**
34 CITY-ST-ZIP **LOUISVILLE KY 40201-1438**

41 TITLE **SrVP D** ☒ Change ☐ Addition
42 NAME **GARMON, PHILIP B**
43 STREET ADDRESS **500 W MAIN**
44 CITY-ST-ZIP **LOUISVILLE KY 40201-1438**

51 TITLE **SrVP D** ☒ Change ☐ Addition
52 NAME **LANKFORD, RONALD S., M.D.**
53 STREET ADDRESS **500 W MAIN**
54 CITY-ST-ZIP **LOUISVILLE KY 40201-1438**

61 TITLE **VP** ☒ Change ☐ Addition
62 NAME **BAUERNFEIND, GEORGE**
63 STREET ADDRESS **500 W MAIN**
64 CITY-ST-ZIP **LOUISVILLE KY 40201-1438**

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 29 1996

(502)580-1000

Duty

Domestic Phone #

CR2E034 (12/95)