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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M86382 (2)

1. Corporation Name

WEST BOCA RATON HEALTH MANAGEMENT ASSOCIATES, INC.



Principal Place of Business

Mailing Address

7000 W PALMETTO PK RD
SUITE 220
BOCA RATON FL 33433

ATTN: TAX DEPT
P. O. BOX 15309
DURHAM NC 27704
US

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26 ATTN: TAX DEPT

Suite, Apt. #, etc.

22

City & State

27 P O BOX 740026

City & State

23

Zip

Country

28 LOUISVILLE, KY

Zip

24

25

Country

29 40201-7426

Country

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

700001817627
-05/13/96--01014--001

***200.00

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 the person signing this report.

Signature typed or printed name of the person signing this report.

Signature typed or printed name of the person signing this report.

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	RICHMAN, ANDREW	
STREET ADDRESS	2400 E. COMMERCIAL BLVD., STE 315	
CITY-STATE-ZIP	FT. LAUDERDALE FL	
TITLE	D	DELETE
NAME	SOLNIK, MIKE	
STREET ADDRESS	2400 E. COMMERCIAL BLVD., STE J315	
CITY-STATE-ZIP	FT. LAUDERDALE FL	
TITLE	PD	DELETE
NAME	LUCIBELLA, RICHARD	
STREET ADDRESS	2400 E. COMMERCIAL BLVD., STE 315	
CITY-STATE-ZIP	FT. LAUDERDALE FL	
TITLE	VS	DELETE
NAME	BIRCH, WALTER E	
STREET ADDRESS	2400 E. COMMERCIAL BLVD., STE 315	
CITY-STATE-ZIP	FT. LAUDERDALE FL	
TITLE	VTAS	DELETE
NAME	HARDISTER, SHAWN W	
STREET ADDRESS	2400 E. COMMERCIAL BLVD., STE 315	
CITY-STATE-ZIP	FT. LAUDERDALE FL	
TITLE	AS	DELETE
NAME	SNEDEKER, ANGELA M	
STREET ADDRESS	2828 CROASDALE DR.	
CITY-STATE-ZIP	DURHAM NC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	P D	Change	Addition
12. NAME	SMITH, WAYNE		
13. STREET ADDRESS	500 W MAIN		
14. CITY-STATE-ZIP	LOUISVILLE KY 40201-1438		
2. TITLE	SrVP D	Change	Addition
22. NAME	CASH, W LARRY		
23. STREET ADDRESS	500 W MAIN		
24. CITY-STATE-ZIP	LOUISVILLE KY 40201-1438		
3. TITLE	SrVP D	Change	Addition
32. NAME	COUGHLIN, KAREN A		
33. STREET ADDRESS	500 W MAIN		
34. CITY-STATE-ZIP	LOUISVILLE KY 40201-1438		
4. TITLE	SrVP D	Change	Addition
42. NAME	GARMON, PHILIP B		
43. STREET ADDRESS	500 W MAIN		
44. CITY-STATE-ZIP	LOUISVILLE KY 40201-1438		
5. TITLE	SrVP D	Change	Addition
52. NAME	LANKFORD, RONALD S., M.D.		
53. STREET ADDRESS	500 W MAIN		
54. CITY-STATE-ZIP	LOUISVILLE KY 40201-1438		
6. TITLE	VP	Change	Addition
62. NAME	BAUERNFEIND, GEORGE		
63. STREET ADDRESS	500 W MAIN		
64. CITY-STATE-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

VICE PRESIDENT-TAXES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 29 1996

(502)580-1000

FLORIDA DEPARTMENT OF STATE

CR2E034 (12/95)