

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000045230 (8)

1. Corporation Name

HUMANA INTERNAL MEDICINE ASSOCIATES, INC.

Principal Place of Business

2400 E. COMMERCIAL BLVD.
STE. 213
FT. LAUDERDALE FL 33308
US

Mailing Address

ATTN: TAX DEPARTMENT
P.O. BOX 740026
LOUISVILLE KY 40201-7426

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1993

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

56-1828005

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

23

27

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

24

25

28

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T 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

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

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WOLF, GREGORY H
STREET ADDRESS 500 WEST MAIN
CITY-ST-ZIP LOUISVILLE KY

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP
NAME MURRAY, JAMES E
STREET ADDRESS 500 WEST MAIN
CITY-ST-ZIP LOUISVILLE KY

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SVPD
NAME COUGHLIN, KAREN A
STREET ADDRESS 500 WEST MAIN
CITY-ST-ZIP LOUISVILLE KY 40201-1438

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SVPD
NAME MCCALLISTER, MICHAEL B
STREET ADDRESS 500 WEST MAIN
CITY-ST-ZIP LOUISVILLE KY

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S
NAME KROGER, JOAN O
STREET ADDRESS 500 WEST MAIN
CITY-ST-ZIP LOUISVILLE KY

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE VP
NAME BAUERNFEIND, GEORGE
STREET ADDRESS 500 WEST MAIN
CITY-ST-ZIP LOUISVILLE KY 40201-1438

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing 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

GEORGE BAUERNFEIND, V P-TAXES

APR 30 1998

(502)580-1000

CR2E034 (10/97)