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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

DOCUMENT # P93000045238 (1)

1. Corporation Name

HUMANA INTERNAL MEDICINE ASSOCIATES OF THE PALM  
BEACHES, INC.

Principal Place of Business

2400 E COMMERCIAL BLVD  
SUITE 213  
FT LAUDERDALE FL 33308  
US

Mailing Address

ATTN: TAX DEPARTMENT  
PO BOX 740026  
LOUISVILLE KY 40201-7426  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1993

4. FEI Number

56-1827928

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

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
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 607.0502 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
WOLF, GREGORY H.  
500 WEST MAIN  
LOUISVILLE KY

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VP  
MURRAY, JAMES E.  
500 WEST MAIN  
LOUISVILLE KY

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SVPD  
COUGHLIN, KAREN A  
500 WEST MAIN  
LOUISVILLE KY 40201-1438

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SRVD  
MCCALLISTER, MICHAEL B  
500 WEST MAIN  
LOUISVILLE KY

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

S  
KROGER, JOAN O.  
500 WEST MAIN  
LOUISVILLE KY

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VP  
BAUERNEFIND, GEORGE  
500 WEST MAIN  
LOUISVILLE KY 40201-1438

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ 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 Bauernefind*

GEORGE BAUERNEFIND, V.P. TAXES, APR 7 2009 /502/580 4000

CR2E034 (10/97)