

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

**FILED**  
**May 14 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000045238 (1)**  
 1. Corporation Name  
**HUMANA INTERNAL MEDICINE ASSOCIATES OF THE PALM BEACHES, INC.**



Principal Place of Business <b>2400 E COMMERCIAL BLVD                  SUITE 213                  FT LAUDERDALE FL 33308                  US</b>	Mailing Address <b>ATTN: TAX DEPARTMENT                  PO BOX 740026                  LOUISVILLE KY 40201-7426                  US</b>
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DO NOT WRITE IN THIS SPACE

<b>21</b> Principal Place of Business	<b>26</b> Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

<b>3.</b> Date Incorporated or Qualified <b>06/25/1993</b>	
<b>4.</b> FEI Number <b>56-1827928</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**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**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE <b>PD</b>	NAME <b>WOLF, GREGORY H.</b>	STREET ADDRESS <b>500 WEST MAIN</b>	CITY-ST-ZIP <b>LOUISVILLE KY</b>	<input type="checkbox"/> DELETE
TITLE <b>VP</b>	NAME <b>MURRAY, JAMES E.</b>	STREET ADDRESS <b>500 WEST MAIN</b>	CITY-ST-ZIP <b>LOUISVILLE KY</b>	<input type="checkbox"/> DELETE
TITLE <b>SVPD</b>	NAME <b>COUGHLIN, KAREN A</b>	STREET ADDRESS <b>500 WEST MAIN</b>	CITY-ST-ZIP <b>LOUISVILLE KY 40201-1438</b>	<input type="checkbox"/> DELETE
TITLE <b>SRVD</b>	NAME <b>MCCALLISTER, MICHAEL B</b>	STREET ADDRESS <b>500 WEST MAIN</b>	CITY-ST-ZIP <b>LOUISVILLE KY</b>	<input type="checkbox"/> DELETE
TITLE <b>S</b>	NAME <b>KROGER, JOAN O.</b>	STREET ADDRESS <b>500 WEST MAIN</b>	CITY-ST-ZIP <b>LOUISVILLE KY</b>	<input type="checkbox"/> DELETE
TITLE <b>VP</b>	NAME <b>BAUERNFEIND, GEORGE</b>	STREET ADDRESS <b>500 WEST MAIN</b>	CITY-ST-ZIP <b>LOUISVILLE KY 40201-1438</b>	<input type="checkbox"/> DELETE

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2</b> NAME	
<b>1.3</b> STREET ADDRESS	
<b>1.4</b> CITY-ST-ZIP	
<b>2.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2</b> NAME	
<b>2.3</b> STREET ADDRESS	
<b>2.4</b> CITY-ST-ZIP	
<b>3.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2</b> NAME	
<b>3.3</b> STREET ADDRESS	
<b>3.4</b> CITY-ST-ZIP	
<b>4.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2</b> NAME	
<b>4.3</b> STREET ADDRESS	
<b>4.4</b> CITY-ST-ZIP	
<b>5.1</b> TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2</b> NAME	<b>LENAHAN, JOAN O.</b>
<b>5.3</b> STREET ADDRESS	
<b>5.4</b> CITY-ST-ZIP	
<b>6.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2</b> NAME	
<b>6.3</b> STREET ADDRESS	
<b>6.4</b> CITY-ST-ZIP	

**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, VP-TAXES, ADD 700 1009 (502) 580 1000**

CR2E034 (10/97)