**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 # **P94000014742 (8)**

1. Corporation Name
**MA OF DEERFIELD, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 7000 W PALMETTO PARK RD<br>BOCA RATON FL 33431<br>US | JAN 19<br>P. O. BOX 15309<br>ATTN: TAX DEPARTMENT<br>DURHAM NC 27704<br>US |

3. Date Incorporated or Qualified: 02/23/1994
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip / Country
24 / 25

2a. Mailing Address
26 ATTN: TAX DEPT
Suite, Apt. #, etc.
27 P O BOX 740026
City & State
28 LOUISVILLE, KY
Zip / Country
29 40201-7426 / 30

4. FEI Number: ~~APPLIED FOR~~ 62-1619628 ☐ 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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
100001917681
83 -05/13/96--01014--034
***200.00
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: _____ DATE: _____
Signature, typed or printed name of individual with authority to sign above. NOTE: Registered Agent signature required when reinstated.

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D ☐ DELETE | 11 TITLE | P D ☒ Change ☐ Addition |
| NAME | SOLNIK, MIKE | 12 NAME | SMITH, WAYNE |
| STREET ADDRESS | 2400 E COMMERICAL BLVD., SUITE 315 | 13 STREET ADDRESS | 500 W MAIN |
| CITY-ST-ZIP | FT LAUDERDALE FL | 14 CITY-ST-ZIP | LOUISVILLE KY 40201-1438 |
| TITLE | D ☐ DELETE | 21 TITLE | SrVP D ☒ Change ☐ Addition |
| NAME | RICHMAN, ANDREW | 22 NAME | CASH, W LARRY |
| STREET ADDRESS | 2400 E COMMERCIAL BLVD., SUITE 315 | 23 STREET ADDRESS | 500 W MAIN |
| CITY-ST-ZIP | FT LAUDERDALE FL | 24 CITY-ST-ZIP | LOUISVILLE KY 40201-1438 |
| TITLE | PD ☐ DELETE | 31 TITLE | SrVP D ☒ Change ☐ Addition |
| NAME | LUCIBELLA, RICHARD | 32 NAME | COUGHLIN, KAREN A |
| STREET ADDRESS | 2400 E. COMMERICAL BLVD., SUITE 315 | 33 STREET ADDRESS | 500 W MAIN |
| CITY-ST-ZIP | FT LAUDERDALE FL | 34 CITY-ST-ZIP | LOUISVILLE KY 40201-1438 |
| TITLE | VPS ☐ DELETE | 41 TITLE | SrVP D ☒ Change ☐ Addition |
| NAME | BIRCH, WALTER E. | 42 NAME | GARMON, PHILIP B |
| STREET ADDRESS | 2400 E. COMMERICAL BLVD., STE 315 | 43 STREET ADDRESS | 500 W MAIN |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 44 CITY-ST-ZIP | LOUISVILLE KY 40201-1438 |
| TITLE | VTAS ☐ DELETE | 51 TITLE | SrVP D ☒ Change ☐ Addition |
| NAME | HARDISTER, SHAWN W. | 52 NAME | LANKFORD, RONALD S., M.D. |
| STREET ADDRESS | 2400 E COMMERCIAL BLVD., STE. | 53 STREET ADDRESS | 500 W MAIN |
| CITY-ST-ZIP | FT LAUDERDALE FL | 54 CITY-ST-ZIP | LOUISVILLE KY 40201-1438 |
| TITLE | AS ☐ DELETE | 61 TITLE | VP ☒ Change ☐ Addition |
| NAME | SNEDEKER, ANGELA M. | 62 NAME | BAUERNFEIND, GEORGE |
| STREET ADDRESS | 2828 CROASDAILE DRIVE | 63 STREET ADDRESS | 500 W MAIN |
| CITY-ST-ZIP | DURHAM NC | 64 CITY-ST-ZIP | LOUISVILLE KY 40201-1438 |

5-1-96

CR2E034 (12/95)

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)(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 **VICE PRESIDENT-TAXES** APR 29 1996 **(502)580-1000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #