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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **P94000089708 (9)**

1. Corporation Name

LEHIGH MEDICAL ASSOCIATES, INC.

Principal Place of Business	Mailing Address
2400 E. COMMERCIAL BLVD. JAN 19 #315 FORT LAUDERDALE FL 33308	ATTN: TAX DEPT. P.O. BOX 15309 DURHAM NC 27704 US

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

2a. Mailing Address — 26 ; Suite, Apt. #, etc. — 27 ; City & State — 28 ; Zip — 29 ; Country — 30

3. Date Incorporated or Qualified: 12/12/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0546082 ☐ 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

BERGER, JAMES L
100 N.E. 3RD AVE.
SUITE 100
FORT LAUDERDALE FL 33301

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PSTD	☒ DELETE
NAME	BIRCH, WALTER E	
STREET ADDRESS	2400 E. COMMERCIAL BLVD., SUITE 315	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	P	☐ Change ☒ Addition
2.2 NAME	PONT, EDWIN S., M.D.	
2.3 STREET ADDRESS	2400 EAST COMMERCIAL BLVD, SUITE 315	
2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	
3.1 TITLE	S/T/V/D	☐ Change ☒ Addition
3.2 NAME	BAUER, ANNETTE	
3.3 STREET ADDRESS	2400 EAST COMMERCIAL BLVD, SUITE 315	
3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	
4.1 TITLE	AS	☐ Change ☒ Addition
4.2 NAME	SNEDEKER, ANGELA M.	
4.3 STREET ADDRESS	2828 CROASDAILE DRIVE	
4.4 CITY-ST-ZIP	DURHAM, NC 27705	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(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: Angela M. Snedeker ANGELA M. SNEDEKER 4-26-96 (919) 383-0355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #