

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Morman Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	---

DOCUMENT # S46841 1. Corporation Name MEDICAL MANAGEMENT ASSOCIATES OF NEW PORT RICHEY, INC.	(0) 9 1995 JAN
--	----------------------

Principal Place of Business ONE BOCA PLACE, SUITE 416 2255 GLADES ROAD BOCA RATON FL 33431	Mailing Address ATTN: TAX DEPT P. O. BOX 15309 DURHAM NC 27705- US
--	---

APPROVED
 AND
 FILED
 95 MAY -1 PM 2:15
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. State, Apt. # etc.	26. State, Apt. # etc.	04/22/1991	05/24/1994
22. City & State	27. City & State	4. FEI Number	Applied For
23. City & State	28. City & State	65-0268016	Not Applicable
24. City & State	29. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. City & State	30. City & State	6. Election Campaigns (Federal, State, Local)	\$5.00 May Be Added to Fees
26. City & State	31. City & State	7. This corporation has liability for delinquent tax return or corporate tax return delinquent	Yes ☐ No ☒

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. City 84. State 85. Zip Code

11. I, the undersigned, being a resident of this State, do hereby certify that the above named corporation, partnership, or other entity, is a corporation, partnership, or other entity, as defined in the Florida Statutes, and that the information furnished herein is true and correct to the best of my knowledge and belief.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
NAME: SOLNIK, MIKE ADDRESS: 2255 GLADES RD, STE 416 BOCA RATON FL 33431	☒ Change ☐ Addition NAME: Solnik, Mike, M.D. ADDRESS: 2400 E. Commercial Blvd., Ste. 315 Ft. Lauderdale, FL 33308
NAME: RICHMAN, ANDREW ADDRESS: 2255 GLADES RD, STE 416 BOCA RATON FL 33431	☒ Change ☐ Addition NAME: Richman, Andrew, M.D. ADDRESS: 2400 E. Commercial Blvd., Ste. 315 Ft. Lauderdale, FL 33308
NAME: LUCIBELLA, RICHARD ADDRESS: 2255 GLADES RD, STE 416 BOCA RATON FL 33431	☒ Change ☐ Addition NAME: 2400 E. Commercial Blvd., Ste. 315 Ft. Lauderdale, FL 33308
NAME: VS BIRCH, WALTER E ADDRESS: 2255 GLADES RD, STE 416 BOCA RATON FL 33431	☒ Change ☐ Addition NAME: 2400 E. Commercial Blvd., Ste. 315 Ft. Lauderdale, FL 33308
NAME: VS VITAS ADDRESS: 2255 GLADES RD, STE 416 BOCA RATON FL 33431	☒ Change ☐ Addition NAME: 2400 E. Commercial Blvd., Ste. 315 Ft. Lauderdale, FL 33308
NAME: HARDISTER, SHAWN W ADDRESS: 2255 GLADES RD, STE 416 BOCA RATON FL 33431	☒ Change ☐ Addition NAME: 2400 E. Commercial Blvd., Ste. 315 Ft. Lauderdale, FL 33308
NAME: AS SNEDEKER, ANGELA M ADDRESS: 2828 CROASDALE DR. DURHAM NC	☐ Change ☐ Addition NAME: 2400 E. Commercial Blvd., Ste. 315 Ft. Lauderdale, FL 33308

14. I, the undersigned, do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 339.01 or 339.02, Florida Statutes. Further, I certify that the information indicated on this report or supplemental annual report is true and correct to the best of my knowledge and belief, and that my signature shall have the same legal effect as if made by me. I understand that I am liable for the consequences of this filing, and that I am responsible for the consequences of this filing.

SIGNATURE: *Angela M. Snedeker* **Angela M. Snedeker** **4/28/95** **919-383-0355**
 PRINT NAME AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

546841

ATTACHMENT

**STATE OF FLORIDA
1995 CORPORATION ANNUAL REPORT**

**MEDICAL MANAGEMENT ASSOCIATES OF NEW PORT RICHEY, INC.
DOCUMENT # S46841
FEIN: 65-0268016**

ADDITIONAL OFFICERS

TITLE	Director
NAME	Fernando Valverde, M.D.
STREET ADDRESS	2400 E. Commercial Blvd., Ste. 315
CITY-ST-ZIP	Ft. Lauderdale, FL 33308

TITLE	Director
NAME	Guillermo Salazar
STREET ADDRESS	2400 E. Commercial Blvd., Ste. 315
CITY-ST-ZIP	Ft. Lauderdale, FL 33308