FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 6 1995

DOCUMENT # S89230 (4)

1. Corporation Name
TRAUMA MEDICAL ASSOCIATES, INC.

Principal Place of Business	Mailing Address
2828 CROASDAILE DR [redacted] DURHAM NC 27705 US	ATTN: TAX DEPARTMENT BOX 15309 DURHAM NC 27704 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/23/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 56-1762294 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

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. 199.062, Florida Statutes. * ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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)
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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	VD	TITLE	☐ Change ☐ Addition
NAME	FATER, DAVID H	NAME	
STREET ADDRESS	2828 CROASDAILE DR.	STREET ADDRESS	
CITY-ST-ZIP	DURHAM NC	CITY-ST-ZIP	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	SMITH, MICHAEL A M.D.	NAME	
STREET ADDRESS	2828 CROASDAILE DR	STREET ADDRESS	
CITY-ST-ZIP	DURHAM NC	CITY-ST-ZIP	
TITLE	ST	TITLE	☐ Change ☐ Addition
NAME	DILLON, SCOTT	NAME	
STREET ADDRESS	2828 CROASDAILE DR	STREET ADDRESS	
CITY-ST-ZIP	DURHAM NC	CITY-ST-ZIP	
TITLE	CEO	TITLE	☒ Change ☐ Addition
NAME	WALLS, M.D. B E	NAME	Walls, Bertram E. M.D.
STREET ADDRESS	2828 CROASDAILE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	DURHAM NC	CITY-ST-ZIP	
TITLE	AS	TITLE	☒ Change ☐ Addition
NAME	ANDREWS, DAVID R	NAME	Andrews, R. David
STREET ADDRESS	2828 CROASDAILE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	DURHAM NC	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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(1)(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: R. David Andrews 4-28-95 919-383-0355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

*File as part of a consolidated group

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