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 # **S89230** **(4)**

1. Corporation Name

TRAUMA MEDICAL ASSOCIATES, INC.

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

3. Date Incorporated or Qualified: 10/23/1991	3a. Date of Last Report: 05/01/1995
4. FEI Number: 56-1762294	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 [illegible]	26 P.O. Box 9746
Suite, Apt. #, etc. 22 Suite 1200	Suite, Apt. #, etc. 27
City & State 23 Ft. Lauderdale FL	City & State 28 Coral Springs, FL
Zip 24 33306 Country 25 USA	Zip 29 33067 Country 30 USA

9. Name and Address of Current Registered Agent

SMITH, MICHAEL E
6550 NORTH FEDERAL HIGHWAY
SUITE 300
FORT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 5613 W. Heitner Dr

83

84 City: Coral Springs FL 85 Zip Code: 33067

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: M Smith — 5/15/96
Signature, typed or printed name of individual with authority to sign (NOTE: Registered Agent signature required for filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☑ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FATER, DAVID H		1.2 NAME		
STREET ADDRESS	2828 CROASDAILE DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	DURHAM NC		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	SMITH, MICHAEL A M.D.		2.2 NAME	Michael E. Smith MD	
STREET ADDRESS	2828 CROASDAILE DR		2.3 STREET ADDRESS	5613 W. Heitner Dr	
CITY-ST-ZIP	DURHAM NC		2.4 CITY-ST-ZIP	Coral Springs, FL 33067	
TITLE	ST	☑ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DILLON, SCOTT		3.2 NAME		
STREET ADDRESS	2828 CROASDAILE DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	DURHAM NC		3.4 CITY-ST-ZIP		
TITLE	CEO	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WALLS, BERTRAM E. M.D		4.2 NAME		
STREET ADDRESS	2828 CROASDAILE DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	DURHAM NC		4.4 CITY-ST-ZIP		
TITLE	AS	☑ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ANDREWS, R. DAVID		5.2 NAME		
STREET ADDRESS	2828 CROASDAILE DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	DURHAM NC		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: M Smith — Michael E. Smith MD — President — 5/15/96 — 954-344-6115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #