

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90246 013 \*\*\*\*61.25

**DOCUMENT # 716049**

1. Corporation Name

**HOLMES REGIONAL MEDICAL CENTER, INC.**

Principal Place of Business

1350 S HICKORY ST  
MELBOURNE FL 32901

Mailing Address

8249 DEVEREUX DRIVE  
MELBOURNE FL 32940-955  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

32940-7955

30

3. Date Incorporated or Qualified

02/13/1969

4. FEI Number

59-0624371

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

9. Name and Address of Current Registered Agent

**MATHIAS, DAVID E**  
**8249 DEVEREUX DR.**  
**MELBOURNE FL 32940**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **SD** ☐ DELETE

NAME **HENRY, ALLEN S.**  
STREET ADDRESS **1350 S. HICKORY ST.**  
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **TD** ☐ DELETE

NAME **HOLLINGSWORTH, A. THOMAS**  
STREET ADDRESS **1350 S. HICKORY STREET**  
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **PCOO** ☐ DELETE

NAME **BUNKER, STEPHEN**  
STREET ADDRESS **1350 S. HICKORY STREET**  
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **VCD** ☐ DELETE

NAME **BRENNAN, WILLIAM T**  
STREET ADDRESS **1350 WOUTH HICORY STRET**  
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **CD** ☐ DELETE

NAME **GATTO, MICHAEL**  
STREET ADDRESS **1350 S. HICKORY STREET**  
CITY-ST-ZIP **MELBOURNE FL 32901**

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE **PD** ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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

14. I hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Michael Gatto, Chairman**

4/16/99

407 434-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)