
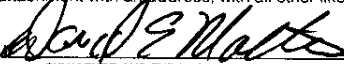


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90025 013 ****61.25

DOCUMENT # 716049 1. Entity Name HOLMES REGIONAL MEDICAL CENTER, INC.					
Principal Place of Business 1350 S HICKORY ST MELBOURNE, FL 32901			Mailing Address 6450 U.S. HWY #1 ROCKLEDGE, FL 32955 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-0624371	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MATHIAS, DAVID E 6450 U.S. HWY #1 ROCKLEDGE, FL 32955				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENRY, ALLEN S. <input type="checkbox"/> Delete 1350 S. HICKORY ST. MELBOURNE, FL 32901			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD HOLLINGSWORTH, A. THOMAS <input type="checkbox"/> Delete 1350 S. HICKORY STREET MELBOURNE, FL 32901			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD BRENNAN, WILLIAM T <input type="checkbox"/> Delete 1350 S HICKORY STREET MELBOURNE, FL 32901			TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD STORMS, ELTING L <input type="checkbox"/> Delete 1350 SOUTH HICKORY STREET MELBOURNE, FL 32901			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ISENMAN, MARTIN W <input type="checkbox"/> Delete 1350 SOUTH HICKORY STREET MELBOURNE, FL 32901			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FORD, CATHERINE A <input type="checkbox"/> Delete 1350 SOUTH HICKORY STREET MELBOURNE, FL 32901			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 				David E. Mathias Asst Secretary	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 4/02/04 Daytime Phone # 321/434-4355	

24049288



Attachment
24019288

#716049

HOLMES REGIONAL MEDICAL CENTER, INC. 2004 UNIFORM BUSINESS REPORT

10. Officers and Directors [continued]		11. Additions/Changes to Officers and Directors [continued]	
Title Name Street Address City – ST – Zip	PD [] Delete KENNEDY, CHRISTOPHER S. 1350 South Hickory Street Melbourne, FL 32901	Title Name Street Address City – ST – Zip	[] Change [x] Addition SWAIN, THOMAS W. 1350 South Hickory Street Melbourne, FL 32901
Title Name Street Address City – ST – Zip	D [] Delete DEFFEBACH, HARRY L. 1350 South Hickory Street Melbourne, FL 32901	Title Name Street Address City – ST – Zip	[] Change [] Addition
Title Name Street Address City – ST – Zip	D [] Delete GATTO, PAMELA A. 1350 South Hickory Street Melbourne, FL 32901	Title Name Street Address City – ST – Zip	[] Change [] Addition
Title Name Street Address City – ST – Zip	D [] Delete FOLEY, MICHAEL J. 1350 South Hickory Street Melbourne, FL 32901	Title Name Street Address City – ST – Zip	[] Change [] Addition
Title Name Street Address City – ST – Zip	D [x] Delete BADOLATO, CRAIG J. 1350 South Hickory Street Melbourne, FL 32901	Title Name Street Address City – ST – Zip	[] Change [] Addition
Title Name Street Address City – ST – Zip	D [] Delete LAWLER, CORY J. 1350 South Hickory Street Melbourne, FL 32901	Title Name Street Address City – ST – Zip	[] Change [] Addition
Title Name Street Address City – ST – Zip	VD [] Delete GALLOWAY, ROBERT C. 1350 South Hickory Street Melbourne, FL 32901	Title Name Street Address City – ST – Zip	[] Change [] Addition
Title Name Street Address City – ST – Zip	P [] Delete SCHUNEMAN, GAIL H. 1350 South Hickory Street Melbourne, FL 32901	Title Name Street Address City – ST – Zip	[] Change [] Addition
Title Name Street Address City – ST – Zip	AS [] Delete MATHIAS, DAVID E. 6450 U.S. Hwy #1 Rockledge, FL 32955	Title Name Street Address City – ST – Zip	[] Change [] Addition
Title Name Street Address City – ST – Zip	D [] Delete POTTER, WILLIAM C. 1350 South Hickory Street Melbourne, FL 32901	Title Name Street Address City – ST – Zip	[] Change [] Addition
Title Name Street Address City – ST – Zip	TD [] Delete SHAW, JAMES C. 1350 South Hickory Street Melbourne, FL 32901	Title Name Street Address City – ST – Zip	[] Change [] Addition