

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90239 015 ****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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-0624371	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MATHIAS, DAVID E 6450 U.S. HWY #1 ROCKLEDGE, FL 32955			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENRY, ALLEN S.		NAME	LAWLER, CORY J.	
STREET ADDRESS	1350 S. HICKORY ST.		STREET ADDRESS	1350 S. HICKORY ST.	
CITY-ST-ZIP	MELBOURNE, FL 32901		CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	VCD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLLINGSWORTH, A. THOMAS		NAME	SWAIN, THOMAS W.	
STREET ADDRESS	1350 S. HICKORY STREET		STREET ADDRESS	1350 S. HICKORY ST.	
CITY-ST-ZIP	MELBOURNE, FL 32901		CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	CD	<input type="checkbox"/> Delete	TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRENNAN, WILLIAM T		NAME	KENNEDY, CHRISTOPHER S.	
STREET ADDRESS	1350 S HICKORY STREET		STREET ADDRESS	1350 S. HICKORY ST.	
CITY-ST-ZIP	MELBOURNE, FL 32901		CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	ASD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STORMS, ELTING L		NAME	DEFFEBACH, HARRY L.	
STREET ADDRESS	1350 SOUTH HICKORY STREET		STREET ADDRESS	1350 S. HICKORY ST.	
CITY-ST-ZIP	MELBOURNE, FL 32901		CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ISENMAN, MARTIN W		NAME	GATTO, PAMELA A.	
STREET ADDRESS	1350 SOUTH HICKORY STREET		STREET ADDRESS	1350 S. HICKORY ST.	
CITY-ST-ZIP	MELBOURNE, FL 32901		CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	VCD	<input type="checkbox"/> Delete	TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORD, CATHERINE A		NAME	SHAW, JAMES C.	
STREET ADDRESS	1350 SOUTH HICKORY STREET		STREET ADDRESS	1350 S. HICKORY ST.	
CITY-ST-ZIP	MELBOURNE, FL 32901		CITY-ST-ZIP	MELBOURNE, FL 32901	
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: <i>David E Mathias</i>		David E. Mathias		4/22/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
				321-434-4355	

ATTACHMENT
14008786

DOCUMENT # 716049
HOLMES REGIONAL MEDICAL CENTER, INC.

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D ADDITION
NAME	HOLLINGSWORTH, A. THOMAS
STREET ADDRESS	1350 S. HICKORY STREET
CITY - ST - ZIP	MELBOURNE, FL 32901

TITLE	D ADDITION
NAME	POTTER, WILLIAM C.
STREET ADDRESS	1350 S. HICKORY STREET
CITY - ST - ZIP	MELBOURNE, FL 32901

TITLE	P ADDITION
NAME	SCHUNEMAN, GAIL H.
STREET ADDRESS	1350 S. HICKORY STREET
CITY - ST - ZIP	MELBOURNE, FL 32901

TITLE	S ADDITION
NAME	MATHIAS, DAVID E.
STREET ADDRESS	6450 US HWY 1
CITY - ST - ZIP	ROCKLEDGE, FL 32955

TITLE	VP ADDITION
NAME	GALLOWAY, ROBERT C.
STREET ADDRESS	6450 US HWY 1
CITY - ST - ZIP	ROCKLEDGE, FL 32955