


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 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"/>		Applied For Not Applicable			
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	D HENRY, ALLEN S. 1350 S. HICKORY ST. MELBOURNE, FL 32901	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD HOLLINGSWORTH, A. THOMAS 1350 S. HICKORY STREET MELBOURNE, FL 32901	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BRENNAN, WILLIAM T 1350 S HICKORY STREET MELBOURNE, FL 32901	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD STORMS, ELTING L 1350 SOUTH HICKORY STREET MELBOURNE, FL 32901	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ISENMAN, MARTIN W 1350 SOUTH HICKORY STREET MELBOURNE, FL 32901	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD FORD, CATHERINE A 1350 SOUTH HICKORY STREET MELBOURNE, FL 32901	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWLER, CORY J. 1350 S. HICKORY ST. MELBOURNE, FL 32901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWAIN, THOMAS W. 1350 S. HICKORY ST. MELBOURNE, FL 32901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D KENNEDY, CHRISTOPHER S. 1350 S. HICKORY ST. MELBOURNE, FL 32901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEFFEBACH, HARRY L. 1350 S. HICKORY ST. MELBOURNE, FL 32901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GATTO, PAMELA A. 1350 S. HICKORY ST. MELBOURNE, FL 32901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D SHAW, JAMES C. 1350 S. HICKORY ST. MELBOURNE, FL 32901	<input type="checkbox"/> Change <input checked="" 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: <i>David E. Mathias</i> David E. Mathias 4/22/05 321-434-4355 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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	