

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 716049

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

**Entity Name:** HOLMES REGIONAL MEDICAL CENTER, INC.

**Current Principal Place of Business:**

1350 SOUTH HICKORY ST  
MELBOURNE, FL 32901

**New Principal Place of Business:**

**Current Mailing Address:**

6450 US HIGHWAY 1  
ROCKLEDGE, FL 32955 US

**New Mailing Address:**

**FEI Number:** 59-0624371

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MATHIAS, DAVID E  
6450 US HIGHWAY 1  
ROCKLEDGE, FL 32955 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SENNE, JERRY  
Address: 1350 SOUTH HICKORY STREET  
City-St-Zip: MELBOURNE, FL 32901

Title: CD  
Name: SHAW, JAMES C  
Address: 1350 SOUTH HICKORY STREET  
City-St-Zip: MELBOURNE, FL 32901

Title: VCD  
Name: GATTO, PAMELA A  
Address: 1350 SOUTH HICKORY STREET  
City-St-Zip: MELBOURNE, FL 32901

Title: SVP  
Name: GALLOWAY, ROBERT C  
Address: 6450 US HIGHWAY 1  
City-St-Zip: ROCKLEDGE, FL 32955

Title: STD  
Name: POTTER, WILLIAM C  
Address: 6450 US HIGHWAY 1  
City-St-Zip: ROCKLEDGE, FL 32955

Title: AS  
Name: MATHIAS, DAVID E  
Address: 1350 SOUTH HICKORY STREET  
City-St-Zip: MELBOURNE, FL 32901

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID E. MATHIAS

AS

02/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date