

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91439 034 \*\*\*\*\*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

**8249 DEVEREUX DRIVE  
MELBOURNE FL 32940-7955  
US**

2. Principal Place of Business

3. Mailing Address

**6450 U.S. HWY #1**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**ROCKLEDGE, FL**

4. FEI Number **59-0624371**

Applied For

Not Applicable

Zip

Country

Zip  
**32955**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

**6450 U.S. HWY #1**

City

**ROCKLEDGE**

**FL**

Zip Code

**32955**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 **CD** ☐ Delete  
NAME **HENRY, ALLEN S.**  
STREET ADDRESS **1350 S. HICKORY ST.**  
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE **ASD** ☐ Change ☒ Addition  
NAME **STORMS, ELTING L.**  
STREET ADDRESS **1350 S. HICKORY STREET**  
CITY-ST-ZIP **MELBOURNE, FL 32901**

TITLE **VCD** ☐ Delete  
NAME **BRENNAN, WILLIAM T**  
STREET ADDRESS **1350 S HICKORY STREET**  
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **CD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☒ Delete  
NAME **RAY, JOHN**  
STREET ADDRESS **1350 SOUTH HICKORY STREET**  
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **D** ☐ Change ☒ Addition  
NAME **POTTER, WILLIAM C.**  
STREET ADDRESS **1350 S. HICKORY STREET**  
CITY-ST-ZIP **MELBOURNE, FL 32901**

TITLE **SD** ☐ Delete  
NAME **ISENMAN, MARTIN W**  
STREET ADDRESS **1350 SOUTH HICKORY STREET**  
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **TD** ☐ Change ☒ Addition  
NAME **SHAW, JAMES C.**  
STREET ADDRESS **1350 S. HICKORY STREET**  
CITY-ST-ZIP **MELBOURNE, FL 32901**

TITLE **TD** ☐ Delete  
NAME **FORD, CATHERINE A**  
STREET ADDRESS **1350 SOUTH HICKORY STREET**  
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **VCD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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*

4/22/03

321 - 434-4355

CR2E037 (10/02)

attachment 70050510  
716049

# HOLMES REGIONAL MEDICAL CENTER, INC. 2003 UNIFORM BUSINESS REPORT

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