FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001612 (0)

1. Corporation Name

HEALTH MANAGEMENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% ASSOCIATES IN DERMATOLOGY MD PA 3635 CENTRAL AVE FT MYERS FL 33901	% ASSOCIATES IN DERMATOLOGY MD PA 3635 CENTRAL AVE FT MYERS FL 33901

3. Date Incorporated or Qualified: 03/28/1994
3a. Date of Last Report: 08/14/1995

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 65-0239151 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GERRY, KAREN
3635 CENTRAL AVE
FT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name: SHARI THOMPSON
82 Street Address (P.O. Box Number is Not Acceptable): 12995 South Cleveland Suite 206
83
84 City: Fort Myers FL 85 Zip Code: 33907

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Shari Thompson — 2/23/96
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DUNWOODY, BARBARA 3680 BROADWAY FORT MYERS FL 33901	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Pratt, Ashlyn Delaney 2675 Winkler Ave., Suite 300 Fort Myers, FL 33901	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MALONE, ANN 2675 WINKLER AVE. STE. 490 FT. MYERS FL 33901	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	TD Sandvig, Jackie 3635 Central Ave. Fort Myers, FL 33901	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CS BARCELLONA, VALERIE 3661 CENTRAL AVE. FT. MYERS FL 33901	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	CS Reigle, Patti 23 Barkley Circle ~~Fort Myers, FL 33907~~	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RSD SANDVIG, JACKIE 3635 CENTRAL AVE. FT. MYERS FL 33901	☑ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	RSD Lindval, Dana 8350 Riverwalk Pk Blvd, Suite 1 Fort Myers, FL 33919	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE PRATT, ASHLYN 2675 WINKLER AVE. SUITE 300 FT. MYERS FL 33901	☑ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	PE Shari Thompson 12631 Whitehall Dr Fort Myers, FL 33907	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KYLE-PARSONS, KYLE 4225 EVANS AVE. FT. MYERS FL 33901	☑ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D Malone, Ann 2675 Winkler Ave., Suite 490 Fort Myers, FL 33901	☑ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ashlyn Delaney Pratt — 2/23/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)