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FILED

Jan 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 33901-82183. Date Incorporated or Qualified
03/28/19943a. Date of Last Report
03/29/1996

4. FEI Number

65-0239151

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMPSON, SHARI
12995 SOUTH CLEVELAND SUITE 206
FT MYERS FL 33907

81 Name

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

83

84 City

FL

85 Zip Code

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

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 PD
NAME PRATT, ASHLYN DELANEY
STREET ADDRESS 2675 WINKLER AVE SUITE 300
CITY-ST-ZIP FT MYERS FL ☒ DELETE1.1 TITLE PD
1.2 NAME TAMMY ROACH
1.3 STREET ADDRESS 8350 Riverwalk PK BLVD #3
1.4 CITY-ST-ZIP Ft Myers FL 33909 ☒ Change ☐ AdditionTITLE TD
NAME SANDVIG, JACKIE
STREET ADDRESS 3635 CENTRAL AVE
CITY-ST-ZIP FY MYERS FL ☒ DELETE2.1 TITLE TD
2.2 NAME PATTI REIGLE
2.3 STREET ADDRESS 23 BARKLEY CIRCLE
2.4 CITY-ST-ZIP Ft MYERS, FL 33907 ☒ Change ☐ AdditionTITLE CS
NAME REIGLE, PATTI
STREET ADDRESS 23 BARKLEY CIR
CITY-ST-ZIP FT MYERS FL ☒ DELETE3.1 TITLE CS
3.2 NAME Brenda Dalton
3.3 STREET ADDRESS 3584 South Broadway # A
3.4 CITY-ST-ZIP Ft Myers FL 33901 ☐ Change ☒ AdditionTITLE RSD
NAME LINDVAL, DANA
STREET ADDRESS 8350 RIVERWALK PK BLVD SUITE 1
CITY-ST-ZIP FT MYERS FL ☒ DELETE4.1 TITLE RSD
4.2 NAME Dana Lindvall
4.3 STREET ADDRESS 8350 Riverwalk Blvd #1
4.4 CITY-ST-ZIP Ft Myers FL 33909 ☒ Change ☐ AdditionTITLE PE
NAME THOMPSON, SHARI
STREET ADDRESS 12831 WHITEHALL DR
CITY-ST-ZIP FT MYERS FL ☒ DELETE5.1 TITLE PE
5.2 NAME George Dramis
5.3 STREET ADDRESS 5285 Summerlin RD #101
5.4 CITY-ST-ZIP Ft Myers FL 33907 ☐ Change ☒ AdditionTITLE D
NAME MALONE, ANN
STREET ADDRESS 2675 WINKER AVE SUITE 490
CITY-ST-ZIP FT MYERS FL ☒ DELETE6.1 TITLE D
6.2 NAME Kerri Gantt
6.3 STREET ADDRESS 63 Barkley Circle
6.4 CITY-ST-ZIP Ft Myers FL 33907 ☐ Change ☒ Addition

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deadline Phone # 605.900.1

CR2E037 (9/96)