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Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000001612 (0)
1. Corporation Name
HEALTH MANAGEMENT ASSOCIATION, INC.



Principal Place of Business % ASSOCIATES IN DERMATOLOGY MD PA 3635 CENTRAL AVE FT MYERS FL 33901	Mailing Address % ASSOCIATES IN DERMATOLOGY MD PA 3635 CENTRAL AVE FT MYERS FL 33901
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3. Date Incorporated or Qualified 03/28/1994		
4. FEI Number 65-0239151	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 % SOUTHWEST Florida ORAL Surgery Suite, Apt. #, etc. 22 5285 SUMMERLIN Rd # 101 City & State 23 FT MYERS FL Zip 24 33919	2a. Mailing Address 26 HEALTH MANAGEMENT ASSN, INC Suite, Apt. #, etc. 27 P.O. Box 6537 City & State 28 FT MYERS, FL Zip 29 33911	Country 25 USA	Country 30 USA
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9. Name and Address of Current Registered Agent
**THOMPSON, SHARI
12995 SOUTH CLEVELAND SUITE 208
FT MYERS FL 33907**

10. Name and Address of New Registered Agent

81 Name GEORGE J. DRAMIS JR	
82 Street Address (P.O. Box Number is Not Acceptable) 5285 SUMMERLIN Rd	
83 SUITE 101	
84 City FT MYERS	85 Zip Code FL 33919

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 *George J. Dramis Jr* **George J. DRAMIS JR PRESIDENT** **1/19/98**

12. OFFICERS AND DIRECTORS

TITLE PD	NAME ROACH, TAMMY	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 8350 RIVERWALK PK BLVD #3	CITY-ST-ZIP FT MYERS FL	
TITLE CS	NAME DALTON, BRENDA	<input type="checkbox"/> DELETE
STREET ADDRESS 3594 S BROADWAY #A	CITY-ST-ZIP FY MYERS FL	
TITLE CS	NAME REIGLE, PATTI	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 23 BARKLEY CIR	CITY-ST-ZIP FT MYERS FL	
TITLE RSD	NAME LUNDVALLE, DANA	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 8350 RIVERWALK BLVD #1	CITY-ST-ZIP FT MYERS FL	
TITLE PE	NAME DRAMIS, GEORGE	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 5285 SUMMERLAN RD #101	CITY-ST-ZIP FT MYERS FL	
TITLE D	NAME GANTT, KERRI	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 83 BARKLEY CIR	CITY-ST-ZIP FT MYERS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME GEORGE J. DRAMIS JR	
1.3 STREET ADDRESS 5285 SUMMERLIN Rd #101	
1.4 CITY-ST-ZIP FT MYERS FL 33919	
2.1 TITLE CS/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME MARY SICA	
2.3 STREET ADDRESS 2780 CLEVELAND AVE #709	
2.4 CITY-ST-ZIP FOOT MYERS FL 33901	
3.1 TITLE RSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Pam CURTIS	
3.3 STREET ADDRESS 63 BARKLEY Circle	
3.4 CITY-ST-ZIP FT MYERS FL 33907	
4.1 TITLE PE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME LOUISE SHELTON	
4.3 STREET ADDRESS 4101 EVANS AVE	
4.4 CITY-ST-ZIP FT MYERS FL 33901	
5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME SALLY PHACELL	
5.3 STREET ADDRESS 9981 HEALTH PARK Circle #124	
5.4 CITY-ST-ZIP FT MYERS FL 33908	

14. 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 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: *George J. Dramis Jr* **George J. DRAMIS JR** **1/19/98 (941)936-8151**

CR2E037 (10/97)