FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State
03-10-1999 90246 038 ****61.25

0060365

210752 - 90246 - 38

DOCUMENT # **N94000001612**

1. Corporation Name
HEALTH MANAGEMENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O SOUTHWEST FLORIDA ORAL SURGREY 5285 SUMMERLIN RD. #101 FT MYERS FL 33919 US	C/O HEALTH MANAGEMENT ASSN INC P.O. BOX 6537 FT MYERS FL 33911 US

% EyeCenters of FL

2. Principal Place of Business
21 4101 EVANS AVE
Suite, Apt. #, etc. 22
City & State 23 FT MYERS, FL
Zip 24 33901 Country 25 USA

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

3. Date Incorporated or Qualifed
03/28/1994

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

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

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

9. Name and Address of Current Registered Agent

DRAMIS, GEORGE J JR
5285 SUMMERLIN RD
STE. 101
FT MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name: LOUISE SHELTON
82 Street Address (P.O. Box Number is Not Acceptable): 4101 EVANS AV E
83
84 City: FT MYERS FL 85 Zip Code: 33901

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: Louise Shelton
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	☑ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	DRAMIS, GEORGE J JR		1.2 NAME	LOUISE SHELTON	
STREET ADDRESS	5258 SUMMERLIN RD, #101		1.3 STREET ADDRESS	4101 EVANS AV	
CITY-ST-ZIP	FT MYERS FL 33919		1.4 CITY-ST-ZIP	FT MYERS FL 33901	
TITLE	CSD	☑ DELETE	2.1 TITLE	CS	☐ Change ☑ Addition
NAME	DALTON, BRENDA		2.2 NAME	STACIE POTANOVIC	
STREET ADDRESS	3594 S BROADWAY #A		2.3 STREET ADDRESS	9371-13 Cypress Lake Dr	
CITY-ST-ZIP	FY MYERS FL 33901		2.4 CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	TD	☑ DELETE	3.1 TITLE	TD	☐ Change ☑ Addition
NAME	SICA, MARY		3.2 NAME	ELAINE ZOLDAK	
STREET ADDRESS	2780 CLEVELAND AVE, #709		3.3 STREET ADDRESS	8380 Riverwalk Pk Blvd #220	
CITY-ST-ZIP	FT MYERS FL 33901		3.4 CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	RSD	☑ DELETE	4.1 TITLE	RS	☐ Change ☑ Addition
NAME	CURTIS, PAM		4. 2 NAME	PAT LeBeau	
STREET ADDRESS	63 BARKLEY CIR		4.3 STREET ADDRESS	12501 World Plaza #5	
CITY-ST-ZIP	FT MYERS FL 33907		4.4 CITY-ST-ZIP	FT MYERS FL 33907	
TITLE	PE	☑ DELETE	5.1 TITLE	PE	☐ Change ☑ Addition
NAME	SHELTON, LOUISE		5.2 NAME	JACKIE EDWARDS	
STREET ADDRESS	4101 EVANS AVE		5.3 STREET ADDRESS	3635 Central AV	
CITY-ST-ZIP	FT MYERS FL 33901		5.4 CITY-ST-ZIP	FT MYERS FL 33901	
TITLE	D	☑ DELETE	6.1 TITLE	D	☐ Change ☐ Addition
NAME	PURCELL, SALLY		6.2 NAME	PURCELL, SALLY	
STREET ADDRESS	9981 HEALTH PARK CIR, #124		6.3 STREET ADDRESS	9981 Health Park Cir #124	
CITY-ST-ZIP	FT MYERS FL 33908		6.4 CITY-ST-ZIP	FT MYERS FL 33908	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Louise Shelton **REQUIRED** 2/22/99 941-433-3323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #