2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001612

1. Entity Name

HEALTH MANAGEMENT ASSOCIATION, INC.

FILED
01 JAN 31 AM 11:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 2000-01

Principal Place of Business	Mailing Address
~~EYE CENTER~~ OF FL Ear, nose, throat Specialist ~~4101 EVANS AVE~~ 39 Barkley Cir ~~FT MYERS FL 33901~~ US 33907 ft myers fl	C/O HEALTH MANAGEMENT ASSN INC P.O. BOX 6537 FT MYERS FL 33911 US

2. Principal Place of Business	3. Mailing Address
Ear, nose + throat Spec	↑ SAME AS Above
Suite, Apt. #, etc.: 39 BARKley cr	Suite, Apt. #, etc.
City & State: Ft Myers FL	City & State
Zip: 33907 Country: USA	Zip Country

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

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
~~SHERON~~ LOUISE ~~4101 EVANS AVE~~ FT MYERS FL 33901	Name: ELAINE ZOLDAK Street Address (P.O. Box Number is Not Acceptable): 8380 Riverwalk Pk Blvd #220 Ft Myers Jo Chaikin City: FT Myers FL Zip Code: 33919

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.

SIGNATURE: Elaine Zoldak Treasurer 10-6-00
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
After September 13, 2000 min. will be $236.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SHELTON, LOUISE 4101 EVANS AV FT MYERS FL 33901	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAM CURTIS 39 BARKley CR FT Myers FL 33907	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CSD POTANOVIC, STACIE 9371-13 CYPRESS LAKE DR FY MYERS FL 33913	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ZOLLDAK, ELAINE 8380 RIVERWALK PK BLVD #220 FT MYERS FL 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800003656698--4 -02/08/01--01005--007 ****297.50 ****297.50	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RS LABEAU, PAT 12501 WORLD PLAZA #5 FT MYERS FL 33907	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE EDWARDS, JACKIE 3635 CENTRAL AVE FT MYERS FL 33901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PURCELL, SALLY 9981 HEALTH PARK CIR, #124 FT MYERS FL 33908	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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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: Elaine Zoldak Treasurer 10/6/00 941 433 3323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/00)