2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State
02-03-2002 90022 024 ****61.25

DOCUMENT # N94000001612

1. Entity Name

HEALTH MANAGEMENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
EAR, NOSE, THROAT SPEC 39 BARKLEY CR FT MYERS FL 33907 US	C/O HEALTH MANAGEMENT ASSN INC P.O. BOX 6537 FT MYERS FL 33911 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Digestive Health Physicians	
Suite, Apt. #, etc.: 23 Barkley CR	Suite, Apt. #, etc.
City & State: Ft. Myers, FL	City & State
Zip: 33907 Country: US	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 Changed →	Name: Patti Reigle Street Address (P.O. Box Number is Not Acceptable): 23 Barkley Circle City: Ft. Myers FL Zip Code: 33907

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: [signature] Patti Reigle, President 1/16/02
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

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	D CURITS, PAM 39 BARKLEY CR FT MYERS FL 33907	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President D Patti Reigle 23 Barkley Ce Ft. Myers, FL 33907	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CSD POTANOVIC, STACIE 9371-13 CYPRESS LAKE DR FT MYERS FL 33913	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Elect Debbie Gregy PO Box 1357 Ft. Myers, FL 33902	☐ 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	~~RSD~~ Recording Secretary RSD Mary Sica 2780 Cleveland Ave #709 Fm, FL 33901	☐ 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	Treasurer TD Tiffany Drake 12645 New Brittany Blvd Ft. Myers, FL 33907	☐ 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	Member At Large Elaine Zoldak Some	☒ 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

CR2E037 (9/01)

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: [signature] SIGNATURE REQUIRED 1/16/02 (941) 939-9939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #