2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90560 026 ****70.00

DOCUMENT # N94000001612

1. Entity Name

HEALTH MANAGEMENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
FAMILY HEALTH CENTER OF SW FL P.O. BOX 1357 FORT MYERS FL 33902 US	C/O HEALTH MANAGEMENT ASSN INC P.O. BOX 6537 FT MYERS FL 33911 US

64U34763

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Surgical Specialist of SW FL	
Suite, Apt. #, etc.: 3596 Broadway	Suite, Apt. #, etc.
City & State: Fort Myers FL	City & State
Zip: 33901 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

GREGY, DEBBIE
303 S.E. 10TH TERR
CAPE CORAL FL 33990

7. Name and Address of New Registered Agent

Name: Parker, Kim
Street Address (P.O. Box Number is Not Acceptable): 3596 Broadway
City: Fort Myers FL Zip Code: 33901

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Kim Parker / Kim Parker 4/21/04
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
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RSD PARRISH, TOM 100 N. MAIN STREET LABELLE FL 33935	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CANIORE, VENICE 12645 NEW BRITTANY BLVD., #1505 FORT MYERS FL 33907	☐ Delete	TD Canjura, Veralice 12645 New Brittany Blvd. Bld. 15 Fort Myers FL 33907	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MALT ZOLLDAK, ELAINE 6091 SOUTH POINTE BLVD. FORT MYERS FL 33919	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CS GRAGLIARDI, JOAN 13691 METRO PKWY, SUITE 100 FORT MYERS FL 33912	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GREGY, DEBBIE P.O. BOX 1357 FORT MYERS FL 33902	☒ Delete	PD Parker, Kim 3596 Broadway Fort Myers FL 33901	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE PARKER, KIM 3596 BROADWAY FORT MYERS FL 33901	☐ Delete	PE Gantt, Kerri 63 Barkley Circle Suite 103 Fort Myers, FL 33907	☐ Change ☒ Addition

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: Kim Parker / Kim Parker 4/21/04 239.936.8555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #