2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2005 8:00 am
Secretary of State
08-18-2005 90002 019 ****70.00

DOCUMENT # N94000001612

1. Entity Name
HEALTH MANAGEMENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
SURGICAL SPECIALIST OF SW. FLA. 3596 BROADWAY FORT MYERS, FL 33901 US	C/O HEALTH MANAGEMENT ASSN INC P.O. BOX 6537 FT MYERS, FL 33911 US

2. Principal Place of Business	3. Mailing Address
Gastro Assoc. of S.W. Fla.	Same
Suite, Apt. #, etc.: 63 Barkley Cir. #103	Suite, Apt. #, etc.
City & State: Fort Myers FL	City & State
Zip: 33907 Country: US	Zip Country

08112005 Chg-NP CR2E037 (10/03)

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
PARKER, KIM 3596 BROADWAY FORT MYERS, FL 33901	Name: Kerri Gantt Street Address (P.O. Box Number is Not Acceptable): 63 Barkley Cir. # 103 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: X Kerri Jo Gantt Kerri Gantt 8-10-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 7, 2005

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	RSD Lisa Sevick 8350 Riverwalk Park Blvd, #3 Ft. Myers, FL 33919	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CANJURA, VERALICE 12645 NEW BRITTANY BLVD., #1505 FORT MYERS, FL 33907	☒ Delete	TD Sharon Burges 8540 College Pkwy. Ft. Myers, FL 33919	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MALT ZOLLDAK, ELAINE 6091 SOUTH POINTE BLVD. FORT MYERS, FL 33919	☒ Delete	MALT Elaine Zoldak 8380 Riverwalk Park Blvd, # 220 Ft Myers, FL 33919	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CS GRAGLIARDI, JOAN 13691 METRO PKWY, SUITE 100 FORT MYERS, FL 33912	☒ Delete	CS Annette Pounders 2675 Winkler Ave, #490 Ft. Myers, FL 33901	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PARKER, KIM 3596 BROADWAY FORT MYERS, FL 33901	☒ Delete	PD Kerri Gantt 63 Barkley Cir, #103 Ft. Myers, FL 33907	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE GANTT, KERRI 63 BARKLEY CIR., STE. 103 FORT MYERS, FL 33907	☒ Delete	PE Robin Fox 8350 Riverwalk Park Blvd, # 1 Ft. Myers, FL 33919	☐ 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: Kerri Gantt X Kerri Jo Gantt 8-10-05 239-275-8882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #