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Secretary of State
04-30-2007 90395 005 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N94000001612

1. Entity Name
HEALTH MANAGEMENT ASSOCIATION, INC.

40087822

Principal Place of Business	Mailing Address
8350 RIVERWALK BLVD, #1 FORT MYERS, FL 33919 US	C/O HEALTH MANAGEMENT ASSN INC P.O. BOX 6537 FT MYERS, FL 33911 US

04232007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
13710 Cypress Terrace Cir.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Myers, FL	City & State
Zip: 33907 Country	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
FOX, ROBIN 8350 RIVERWALK PARK BLVD, #1 FORT MYERS, FL 33919	Name: Annette Pounders Street Address (P.O. Box Number is Not Acceptable): 13710 Cypress Terrace Circle City: Fort 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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 SEVICK, LISA 8350 RIVERWALK PARK BLVD, # 3 FORT MYERS, FL 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RSD Dodson, Sonya 15640 New Hampshire Court Fort Myers, FL 33908	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BURGES, SHARON 8540 COLLEGE PKWY FORT MYERS, FL 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Drass, Rhonda 530 SE 16th Place, Cape Coral, FL 33990	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MALT AYCOCK, MICHELE 4790 BARKELY #A FORT MYERS, FL 33907	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CS POUNDERS, ANNETTE 2675 WINKLER AVE, # 490 FORT MYERS, FL 33901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CS Bolling, Pam 12670 Whitehall Drive, Fort Myers, FL 33907	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FOX, ROBIN 8350 RIVERWALK PARK BLVD. #1 FORT MYERS, FL 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BOHINICK, TERRI 1528 DEL PRADA BLVD. S. CAPE CORAL, FL 33990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Pounders, Annette 13710 Cypress Terrace Circle, Fort Myers, FL 33907	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Annette Pounders 4/23/07 239-275-5522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #