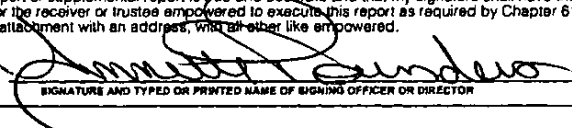


FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90395 005 ****61.25

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N94000001612			
1. Entity Name HEALTH MANAGEMENT ASSOCIATION, INC.			
Principal Place of Business 8350 RIVERWALK BLVD, #1 FORT MYERS, FL 33919 US		Mailing Address C/O HEALTH MANAGEMENT ASSN INC P.O. BOX 6537 FT MYERS, FL 33911 US	
2. Principal Place of Business - No P.O. Box # 13710 Cypress Terrace Cir.		3. Mailing Address	
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 FOX, ROBIN 8350 RIVERWALK PARK BLVD, #1 FORT MYERS, FL 33919		7. Name and Address of New Registered Agent 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 _____ 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 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 BARKLEY #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: 		Date 4/23/07 239-275-5522	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	