

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001612

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: HEALTH MANAGEMENT ASSOCIATION, INC.

## Current Principal Place of Business:

1400 COLONIAL BLVD.  
UNIT 1  
FORT MYERS, FL 33907 US

## New Principal Place of Business:

1528 DLE PRADO BLVD S  
CAPE CORAL, FL 33914 US

## Current Mailing Address:

C/O HEALTH MANAGEMENT ASSN INC  
P.O. BOX 6537  
FT MYERS, FL 33911 US

## New Mailing Address:

FEI Number: 65-0239151      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ANDERSON, PAMELA C/O IMA  
1400 COLONIAL BLVD., UNIT 1  
FORT MYERS, FL 33907 US

## Name and Address of New Registered Agent:

KEMPE, JUDY  
1528 DEL PRADO BLVD S  
CAPE CORAL, FL 33914 US

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: JUDY KEMPE

04/15/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: SD ( ) Delete  
Name: DODSON, SONYA  
Address: 15640 NEW HAMPSHIRE COURT  
City-St-Zip: FORT MYERS, FL 33908

Title: TD ( ) Delete  
Name: SHAWLES, LESA  
Address: 8512 FORDHAM ST.  
City-St-Zip: FORT MYERS, FL 33907

Title: MALT ( ) Delete  
Name: GATOF, MARY  
Address: 8381 RIVERWALK PARK BLVD, SUITE 101  
City-St-Zip: FORT MYERS, FL 33919

Title: CS ( ) Delete  
Name: BOLLING, PAM  
Address: 12670 WHITEHALL DRIVE  
City-St-Zip: FORT MYERS, FL 33907

Title: PD ( ) Delete  
Name: POWDERS, ANNETTE  
Address: 1400 COLONIAL BLVD, UNIT 1  
City-St-Zip: FORT MYERS, FL 33907

Title: P (X) Delete  
Name: POUNDERS, ANNETTE  
Address: 13710 CYPRESS TERRACE CIRCLE  
City-St-Zip: FORT MYERS, FL 33907

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MALT (X) Change ( ) Addition  
Name: WASHINGTON, VALERIE  
Address: 9732 COMMERCE CENTER COURT, UNIT A  
City-St-Zip: FORT MYERS, FL 33908

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: GATOF, MARY  
Address: 8381 RIVERWALK PARK BLVD, SUITE 101  
City-St-Zip: FORT MYERS, FL 33919

Title: CS (X) Change ( ) Addition  
Name: BOHINICK, TERESA  
Address: 9671 GLADIOLOUS DR  
City-St-Zip: FORT MYERS, FL 33908

Title: PD (X) Change ( ) Addition  
Name: ANDERSON, PAMELA  
Address: 1400 COLONIAL BLVD, UNIT 1  
City-St-Zip: FORT MYERS, FL 33907

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESA SHAWLES

T

04/15/2009

Electronic Signature of Signing Officer or Director

Date