

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000155113

FILED
Apr 18, 2007
Secretary of State

Entity Name: CRYSTAL RIVER HMA PHYSICIAN MANAGEMENT, INC.

Current Principal Place of Business:

5811 PELICAN BAY BOULEVARD
SUITE 500
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

5811 PELICAN BAY BOULEVARD
SUITE 500
NAPLES, FL 34108

New Mailing Address:

FEI Number: 20-8156072 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BARBER, JAMES A CEO
Address: 5811 PELICAN BAY BOULEVARD, SUITE 500
City-St-Zip: NAPLES, FL 34108

Title: VPSD () Delete
Name: PARRY, TIMOTHY R
Address: 5811 PELICAN BAY BOULEVARD, SUITE 500
City-St-Zip: NAPLES, FL 34108

Title: T () Delete
Name: MOGLIA, J RANDALL
Address: 5811 PELICAN BAY BOULEVARD, SUITE 500
City-St-Zip: NAPLES, FL 34108

Title: AT () Delete
Name: BRYANT, GARY S
Address: 5811 PELICAN BAY BOULEVARD, SUITE 500
City-St-Zip: NAPLES, FL 34108

Title: AS () Delete
Name: HOLLOWAY, KATHLEEN K
Address: 5811 PELICAN BAY BOULEVARD, SUITE 500
City-St-Zip: NAPLES, FL 34108

Title: VPD () Delete
Name: MIDKIFF, STEPHEN L
Address: 13695 US HIGHWAY 1
City-St-Zip: SEBASTIAN, FL 32958

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY R. PARRY

Electronic Signature of Signing Officer or Director

SVPD

04/18/2007

Date