

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716049

Entity Name: HOLMES REGIONAL MEDICAL CENTER, INC.**Current Principal Place of Business:**1350 SOUTH HICKORY ST
MELBOURNE, FL 32901**Current Mailing Address:**6450 US HIGHWAY 1
ROCKLEDGE, FL 32955 US**FEI Number:** 59-0624371**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROMANELLO, NICHOLAS W. ESQ.
6450 US HIGHWAY 1
ROCKLEDGE, FL 32955 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:** NICHOLAS W. ROMANELLO

03/03/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title ASST. SECRETARY
Name ROMANELLO, NICHOLAS W. ESQ.
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title D
Name JOHNSON, STEVEN P
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title D
Name ISENMAN, MARTIN W MD
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title D
Name MIKUEEN, SCOTT
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name STEELE, KEVIN B
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name PRESTWOOD, ALAN L.
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name GURRI, JOSEPH M.D.
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR, SECRETARY
Name HENRY, ROBERT K.
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

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I hereby 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 all other like empowered.

SIGNATURE: NICHOLAS W. ROMANELLO

ASSISTANT SECRETARY 03/03/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CEO
Name ESROCK, BRETT
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title D,VC
Name SHAW, JAMES C
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DC
Name SMITH, T. KENT
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title D
Name GATTO, PAMELA A
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name TRAN, ANTHONY M.D.
Address 1350 SOUTH HICKORY ST
City-State-Zip: MELBOURNE FL 32901

Title DT
Name KILBORNE, DANA S
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title ASST. TREASURER
Name SCIALDONE, MICHAEL A
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955