

2018 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

04/30/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP	Title	ASST. SECRETARY
Name	FELKNER, JOSEPH G	Name	ROMANELLO, NICHOLAS W. ESQ.
Address	6450 US HIGHWAY 1	Address	6450 US HIGHWAY 1
City-State-Zip:	ROCKLEDGE FL 32955	City-State-Zip:	ROCKLEDGE FL 32955
Title	VP/D	Title	D, SECRETARY
Name	MITCHELL, JAMES S III	Name	POTTER, WILLIAM C ESQ.
Address	6450 US HIGHWAY 1	Address	1350 SOUTH HICKORY ST
City-State-Zip:	ROCKLEDGE FL 32955	City-State-Zip:	MELBOURNE FL 32901
Title	DIRECTOR	Title	D, CHAIRMAN
Name	SHAW, JAMES C	Name	GATTO, PAMELA A
Address	6450 US HIGHWAY 1	Address	6450 US HIGHWAY 1
City-State-Zip:	ROCKLEDGE FL 32955	City-State-Zip:	ROCKLEDGE FL 32955
Title	D	Title	D
Name	JOHNSON, STEVEN P	Name	ISENMAN, MARIN W MD
Address	6450 US HIGHWAY 1	Address	6450 US HIGHWAY 1
City-State-Zip:	ROCKLEDGE FL 32955	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: BRETT ESROCK

CEO

04/30/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name PICKETT, FRAN U
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, TREASURER
Name BREITFELLER, JOHN
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 CEO-HRMC
Name ESROCK, BRETT
Address 1350 SOUTH HICKORY ST
City-State-Zip: MELBOURNE FL 32901

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

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

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

Title CEO-PBH
Name ROBINSON, AARON
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name DETTMER, DALE
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

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

Title DIRECTOR
Name SMITH, T KENT
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