

2013 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:**MATHIAS, DAVID E
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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN, DIRECTOR
Name POTTER, WILLIAM C
Address 1350 SOUTH HICKORY STREET
City-State-Zip: MELBOURNE FL 32901

Title SECRETARY, TREASURER,
DIRECTOR
Name CAVALLUCCI, EUGENE S
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title ASST. SECRETARY
Name MATHIAS, DAVID E
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

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

Title PRESIDENT, DIRECTOR
Name WRIGHT, ROBERT R
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title VP
Name FELKNER, JOSEPH G
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title PRESIDENT, DIRECTOR
Name GREGORY, SEAN J
Address 1350 SOUTH HICKORY ST
City-State-Zip: MELBOURNE FL 32901

Title VP
Name MITCHELL, JAMES S III
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Continues on page 2

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: SEAN J. GREGORY**PRESIDENT****03/20/2013**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name FORD, CATHERINE A
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

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

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

Title DIRECTOR
Name BUSSEN, BRIAN J
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955