

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000004030

Entity Name: HEALTH MANAGEMENT CORPORATION**Current Principal Place of Business:**220 VIRGINIA AVENUE
INDIANAPOLIS, IN 46204**Current Mailing Address:**220 VIRGINIA AVENUE
INDIANAPOLIS, IN 46204 US**FEI Number:** 54-1237939**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 DIRECTOR
Name PENCZEK, RONALD W
Address 220 VIRGINIA AVENUE
City-State-Zip: INDIANAPOLIS IN 46204

Title SECRETARY, VP
Name KIEFER, KATHLEEN S
Address 220 VIRGINIA AVENUE
City-State-Zip: INDIANAPOLIS IN 46204

Title TREASURER
Name SCHER, VINCENT E
Address 220 VIRGINIA AVENUE
City-State-Zip: INDIANAPOLIS IN 46204

Title PRESIDENT, DIRECTOR
Name BENINTENDI, LAURIE H
Address 4361 IRWIN SIMPSON ROAD
City-State-Zip: MASON OH 45040

Title DIRECTOR
Name WAGNER, JAY H
Address 220 VIRGINIA AVENUE
City-State-Zip: INDIANAPOLIS IN 46204

Title ASST. TREASURER
Name NOBLE, ERIC K
Address 220 VIRGINIA AVENUE
City-State-Zip: INDIANAPOLIS IN 46204

Title ASST. SECRETARY
Name HUNT, SIDNEY O
Address 220 VIRGINIA AVENUE
City-State-Zip: INDIANAPOLIS IN 46204

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KATHLEEN S. KIEFER**SECRETARY****04/05/2021**

Electronic Signature of Signing Officer/Director Detail

Date