

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000004030

FILED
May 01, 2015
Secretary of State
CC7593986990

Entity Name: HEALTH MANAGEMENT CORPORATION

Current Principal Place of Business:

120 MONUMENT CIRCLE
INDIANAPOLIS, IN 46204

Current Mailing Address:

120 MONUMENT CIRCLE
INDIANAPOLIS, IN 46204

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 D
Name DE VEYDT, WAYNE S
Address 120 MONUMENT CIRCLE
City-State-Zip: INDIANAPOLIS IN 46204

Title D
Name KELAGHAN, CATHERINE I
Address 120 MONUMENT CIRCLE
City-State-Zip: INDIANAPOLIS IN 46204

Title S
Name KIEFER, KATHLEEN S
Address 120 MONUMENT CIRCLE
City-State-Zip: INDIANAPOLIS IN 46204

Title T
Name KRETSCHMER, R. DAVID
Address 120 MONUMENT CIRCLE
City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR
Name DUBESTER, SHERRY
Address 4361 IRWIN SIMPSON ROAD
City-State-Zip: MASON OH 45040

Title PRESIDENT
Name DUBESTER, SHERRY
Address 4361 IRWIN SIMPSON ROAD
City-State-Zip: MASON OH 45040

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

05/01/2015

Electronic Signature of Signing Officer/Director Detail

Date