

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000004030

FILED
May 01, 2018
Secretary of State
CC6139352598

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 PENCZEK, RONALD W
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 TREASURER
Name SCHER, VINCENT E
Address 120 MONUMENT CIRCLE
City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR
Name SMELTZER, DIANE M
Address 4200 W. CYPRESS STREET
SUITE 900
City-State-Zip: TAMPA FL 33607

Title PRESIDENT
Name SMELTZER, DIANE M
Address 4200 W. CYPRESS STREET
SUITE 900
City-State-Zip: TAMPA FL 33607

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

05/01/2018

Electronic Signature of Signing Officer/Director Detail

Date