FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -2 AM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 716049 (2)

1. Corporation Name

HOLMES REGIONAL MEDICAL CENTER, INC.

Principal Place of Business	Mailing Address
1350 S HICKORY ST MELBOURNE FL 32901	1350 S HICKORY ST MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/13/1969
3a. Date of Last Report: 04/05/1994
4. FEI Number: 59-0624371 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business 21:
2a. Mailing Address 26:
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
City & State 23:
City & State 28:
Zip 24: Country 25:
Zip 29: Country 30:
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

STORMS, ELTING L.
1350 SOUTH HICKORY STREET
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	☐ Change ☐ Addition
NAME	GRAY, SALLY S.	12 NAME	
STREET ADDRESS	1306 S MAGNOLIA	13 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC, FL 0	14 CITY-ST-ZIP	
TITLE	TD	21 TITLE	TD ☒ Change ☐ Addition
NAME	JONES, DAVID M.	22 NAME	Hollingsworth, A. Thomas
STREET ADDRESS	842 PUESTA DEL SOL	23 STREET ADDRESS	4715-4 Lake Waterford Way
CITY-ST-ZIP	INDIALANTIC, FL 0	24 CITY-ST-ZIP	Melbourne, FL 32901
TITLE	VCD	31 TITLE	CD ☒ Change ☐ Addition
NAME	MAGUIRE, MICHAEL F	32 NAME	
STREET ADDRESS	18 MARINA ISLES BLVD #304	33 STREET ADDRESS	
CITY-ST-ZIP	INDIAN HARBOUR BCH FL	34 CITY-ST-ZIP	
TITLE	PD	41 TITLE	☐ Change ☐ Addition
NAME	MEANS, MICHAEL D.	42 NAME	
STREET ADDRESS	1350 S. HICKORY STREET	43 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 0	44 CITY-ST-ZIP	
TITLE	C	51 TITLE	VCD ☒ Change ☐ Addition
NAME	SULLIVAN, R.P.,JR	52 NAME	McFarland, Fred L.
STREET ADDRESS	409 E ROXY AVE	53 STREET ADDRESS	532 Susan Drive
CITY-ST-ZIP	MELBOURNE, FL 0	54 CITY-ST-ZIP	West Melbourne, FL 32904
TITLE	VCD	61 TITLE	☐ Change ☐ Addition
NAME	GATTO, MICHAEL	62 NAME	
STREET ADDRESS	13 WINDJAMMER POINT	63 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISL FL	64 CITY-ST-ZIP	

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REMITTED BY MAIL 6/22/95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: [signature] 4/17/95 (407) 676-7441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone)

0004482