FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Apr 24 1996 8:00 am
Secretary of State

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

3. Date Incorporated or Qualified: 02/13/1969
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-0624371 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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: David E. Mathias
82 Street Address (P.O. Box Number is Not Acceptable): 1350 S. Hickory St
83
84 City: Melbourne FL 85 Zip Code: 32901

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: David E Mathias — David E. Mathias — 4/16/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	GRAY, SALLY S.		1.2 NAME		
STREET ADDRESS	1306 S MAGNOLIA		1.3 STREET ADDRESS	1350 S. HICKORY STREET	
CITY-ST-ZIP	INDIALANTIC, FL 0		1.4 CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	TD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	HOLLINGSWORTH, A. THOMAS		2.2 NAME		
STREET ADDRESS	4715-4 LAKW WATERFORD WAY		2.3 STREET ADDRESS	1350 S. HICKORY STREET	
CITY-ST-ZIP	MELBOURNE FL 32901		2.4 CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	CD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	MAGUIRE, MICHAEL F		3.2 NAME		
STREET ADDRESS	18 MARINA ISLES BLVD #304		3.3 STREET ADDRESS	1350 S. HICKORY STREET	
CITY-ST-ZIP	INDIAN HARBOUR BCH FL		3.4 CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	PD	☒ DELETE	4.1 TITLE	P/COO	☒ Change ☐ Addition
NAME	MEANS, MICHAEL D.		4.2 NAME	BUNKER, STEPHEN P.	
STREET ADDRESS	1350 S. HICKORY STREET		4.3 STREET ADDRESS	1350 S. HICKORY STREET	
CITY-ST-ZIP	MELBOURNE FL		4.4 CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	VCD	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	MCFARLAND, FRED L		5.2 NAME		
STREET ADDRESS	532 SUSAN DRIVE		5.3 STREET ADDRESS	1350 S. HICKORY STREET	
CITY-ST-ZIP	WEST MELBOURNE FL 32904		5.4 CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	VCD	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	GATTO, MICHAEL		6.2 NAME		
STREET ADDRESS	13 WINDJAMMER POINT		6.3 STREET ADDRESS	1350 S. HICKORY STREET	
CITY-ST-ZIP	MERRITT ISL FL		6.4 CITY-ST-ZIP	MELBOURNE FL 32901	

CR2E037 (12/95)

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)(k), 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: A. Thomas Hollingsworth — 2/28/96 — 407 768-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

A. Thomas Hollingsworth, Treasurer