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Feb 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 32901-3276

3. Date Incorporated or Qualified: **02/13/1969**
3a. Date of Last Report: **04/24/1996**

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

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

9. Name and Address of Current Registered Agent

MATHIAS, DAVID E
8249 DEVEREUX DR.
MELBOURNE FL 32940

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 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 _____ 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	☒ DELETE	1.1 TITLE	SD	☐ Change ☒ Addition
NAME	GRAY, SALLY S.		1.2 NAME	Henry, Allen S	
STREET ADDRESS	1350 S. HICKORY ST		1.3 STREET ADDRESS	1350 S Hickory St	
CITY-ST-ZIP	MELBOURNE FL		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	1350 S. HICKORY STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		2.4 CITY-ST-ZIP		
TITLE	CD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MAGUIRE, MICHAEL F		3.2 NAME		
STREET ADDRESS	1350 S. HICKORY STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		3.4 CITY-ST-ZIP		
TITLE	PCOO	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BUNKER, STEPHEN		4.2 NAME		
STREET ADDRESS	1350 S. HICKORY STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		4.4 CITY-ST-ZIP		
TITLE	VCD	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	MCFARLAND, FRED L		5.2 NAME	McFarlin, Fred L	
STREET ADDRESS	1350 S. HICKORY ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		5.4 CITY-ST-ZIP		
TITLE	VCD	☐ DELETE	6.1 TITLE	CD	☒ Change ☐ Addition
NAME	GATTO, MICHAEL		6.2 NAME		
STREET ADDRESS	1350 S. HICKORY STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: ✓ SP Bunker REQUIRED **Stephen P. Bunker** **President/COO** **1/15/97** **[407] 727-7000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0018475