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Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 716049 (2)

1. Corporation Name

HOLMES REGIONAL MEDICAL CENTER, INC.

Principal Place of Business 1350 S HICKORY ST MELBOURNE FL 32901	Mailing Address 1350 S HICKORY ST MELBOURNE FL 32901
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 8249 Devereux Drive Suite, Apt. #, etc. 27 City & State 28 Melbourne, FL Zip 29 32940-7955 Country 30 Brevard
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3. Date Incorporated or Qualified 02/13/1969	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	
7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☒ Yes ☐ No		

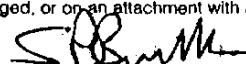
9. Name and Address of Current Registered Agent MATHIAS, DAVID E 8249 DEVEREUX DR. MELBOURNE FL 32940	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HENRY, ALLEN S. 1350 S. HICKORY ST. MELBOURNE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ DELETE ☒ Change ☐ Addition Melbourne, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOLLINGSWORTH, A. THOMAS 1350 S. HICKORY STREET MELBOURNE FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ DELETE ☒ Change ☐ Addition Melbourne, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO BUNKER, STEPHEN 1350 S. HICKORY STREET MELBOURNE FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ DELETE ☒ Change ☐ Addition Melbourne, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD MCFARLIN, FRED L. 1350 S. HICKORY ST MELBOURNE FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☒ DELETE ☐ Change ☒ Addition William T. Brennan 1350 South Hickory Street Melbourne, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GATTO, MICHAEL 1350 S. HICKORY STREET MELBOURNE FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ DELETE ☒ Change ☐ Addition Melbourne, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ DELETE ☐ Change ☐ Addition

14. I 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:  **President** **3/20/98 [407] 676-7171**

CR2E037 (10/97)