2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State
01-17-2006 90251 039 ****61.25

60002862

DOCUMENT # 716049

1. Entity Name
HOLMES REGIONAL MEDICAL CENTER, INC.

Principal Place of Business	Mailing Address
1350 S HICKORY ST MELBOURNE, FL 32901	6450 U.S. HWY #1 ROCKLEDGE, FL 32955 US

01042006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-0624371 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MATHIAS, DAVID E 6450 U.S. HWY #1 ROCKLEDGE, FL 32955	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAWLER, CORY J 1350 S. HICKORY ST. MELBOURNE, FL 32901	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD HOLLINGSWORTH, A. THOMAS 1350 S. HICKORY STREET MELBOURNE, FL 32901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD BRENNAN, WILLIAM T 1350 S HICKORY STREET MELBOURNE, FL 32901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASD STORMS, ELTING L 1350 SOUTH HICKORY STREET MELBOURNE, FL 32901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ISENMAN, MARTIN W 1350 SOUTH HICKORY STREET MELBOURNE, FL 32901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD FORD, CATHERINE A 1350 SOUTH HICKORY STREET MELBOURNE, FL 32901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ David E. Mathias, AS 1/5/06 434-4355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
L0002862

TITLE	D	ADDITION
NAME	MCKINNEY, JOHN M., M.D.	
STREET ADDRESS	1350 S. HICKORY ST.	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	ADDITION
NAME	MEHINDRU, VINAY K., M.D.	
STREET ADDRESS	1350 S. HICKORY ST.	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	PD	ADDITION
NAME	KENNEDY, CHRISTOPHER S.	
STREET ADDRESS	1350 S. HICKORY ST.	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	PD	ADDITION
NAME	SCHUNEMAN, GAIL	
STREET ADDRESS	1350 S. HICKORY ST.	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	ADDITION
NAME	DEFFEBACH, HARRY L.	
STREET ADDRESS	1350 S. HICKORY ST.	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	ADDITION
NAME	GATTO, PAMELA	
STREET ADDRESS	1350 S. HICKORY ST.	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	ADDITION
NAME	POTTER, WILLIAM C.	
STREET ADDRESS	1350 S. HICKORY ST.	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	DT	ADDITION
NAME	SHAW, JAMES C.	
STREET ADDRESS	1350 S. HICKORY ST.	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	VP	ADDITION
NAME	GALLOWAY, ROBERT C.	
STREET ADDRESS	1350 S. HICKORY ST.	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	AS	ADDITION
NAME	MATHIAS, DAVID E.	
STREET ADDRESS	1350 S. HICKORY ST.	
CITY-ST-ZIP	MELBOURNE FL 32901	