2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State
04-13-2007 90175 031 ****61.25

DOCUMENT # 716049

1. Entity Name
HOLMES REGIONAL MEDICAL CENTER, INC.

40059944

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

04042007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #		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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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 D NAME STREET ADDRESS CITY-ST-ZIP	JOHN M MCKINNEY MD 1350 S HICKORY STREET MELBOURNE FL 32901	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD HOLLINGSWORTH, A. THOMAS 1350 S. HICKORY STREET MELBOURNE, FL 32901	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	A. THOMAS HOLLINGSWORTH 1350 S HICKORY STREET MELBOURNE FL 32901	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD BRENNAN, WILLIAM T 1350 S HICKORY STREET MELBOURNE, FL 32901	☑ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	VINAY K MEHINDRU MD 1350 S HICKORY STREET MELBOURNE FL 32901	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASD STORMS, ELTING L 1350 SOUTH HICKORY STREET MELBOURNE, FL 32901	☑ Delete	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	CHRISTOPHER S KENNEDY 1350 S HICKORY STREET MELBOURNE FL 32901	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ISENMAN, MARTIN W 1350 SOUTH HICKORY STREET MELBOURNE, FL 32901	☐ Delete	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	GAIL H SCHUNEMAN 1350 S HICKORY STREET MELBOURNE FL 32901	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD FORD, CATHERINE A 1350 SOUTH HICKORY STREET MELBOURNE, FL 32901	☐ Delete	TITLE CD NAME STREET ADDRESS CITY-ST-ZIP	CATHERINE A FORD 1350 S HICKORY STREET MELBOURNE FL 32901	☑ 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 Secretary 4/4/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

(321)434-4355
Daytime Phone #

ATTACHMENT
40059944

TITLE	D	ADDITION
NAME	HARRY L. DEFFEBACH, PH.D.	
STREET ADDRESS	1350 S. HICKORY STREET	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	D	ADDITION
NAME	PAMELA A. GATTO	
STREET ADDRESS	1350 S. HICKORY STREET	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	DT	ADDITION
NAME	WILLIAM C. POTTER	
STREET ADDRESS	1350 S. HICKORY STREET	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	DVC	ADDITION
NAME	JAMES C. SHAW	
STREET ADDRESS	1350 S. HICKORY STREET	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	D	ADDITION
NAME	EUGENE S. CAVALLUCCI	
STREET ADDRESS	1350 S. HICKORY STREET	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	VP	ADDITION
NAME	ROBERT C. GALLOWAY	
STREET ADDRESS	1350 S. HICKORY STREET	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	AS	ADDITION
NAME	DAVID E. MATHIAS	
STREET ADDRESS	1350 S. HICKORY STREET	
CITY-ST-ZIP	MELBOURNE, FL 32901	