# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 18, 2008 8:00 am**
**Secretary of State**
04-18-2008 90033 002 ****61.25

DOCUMENT # 716049

1. Entity Name
HOLMES REGIONAL MEDICAL CENTER, INC.

40071749

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

04082008 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<br>6450 U.S. HWY #1<br>ROCKLEDGE, FL 32955 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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, 2008**

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<br>MCKINNEY, JOHN M MD<br>1350 S. HICKORY ST.<br>MELBOURNE, FL 32901 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Domkowski, Patrick W. M.D.<br>1350 S Hickory St<br>Melbourne, FL 32901 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HOLLINGSWORTH, A. THOMAS<br>1350 S. HICKORY STREET<br>MELBOURNE, FL 32901 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>Senne, Jerry<br>1350 S Hickory St<br>Melbourne, FL 32901 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MEHINDRU, VINAY K MD<br>1350 S HICKORY STREET<br>MELBOURNE, FL 32901 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VCD<br>Shaw, James C.<br>1350 S Hickory St<br>Melbourne, FL 32901 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>KENNEDY, CHRISTOPHER S<br>1350 SOUTH HICKORY STREET<br>MELBOURNE, FL 32901 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>Gizinski, Judith<br>1350 S Hickory St<br>Melbourne, FL 32901 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>ISENMAN, MARTIN W<br>1350 SOUTH HICKORY STREET<br>MELBOURNE, FL 32901 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>Galloway, Robert C.<br>1350 S Hickory St<br>Melbourne, FL 32901 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CD<br>FORD, CATHERINE A<br>1350 SOUTH HICKORY STREET<br>MELBOURNE, FL 32901 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>Mathias, David<br>1350 S Hickory St<br>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 4/8/08 3214344355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
David Mathias

ATTACHMENT

40071749

**ATTACHMENT**

| | | |
|---|---|---|
| TITLE | TD | ADDITION |
| NAME | POTTER, WILLIAM C. | |
| STREET ADDRESS | 1350 S. HICKORY STREET | |
| CITY-ST-ZIP | MELBOURNE, FL 32901 | |
| TITLE | D | ADDITION |
| NAME | DEFFEBACH, HARRY L. | |
| STREET ADDRESS | 1350 S. HICKORY STREET | |
| CITY-ST-ZIP | MELBOURNE, FL 32901 | |
| TITLE | D | ADDITION |
| NAME | GATTO, PAMELA A. | |
| STREET ADDRESS | 1350 S. HICKORY STREET | |
| CITY-ST-ZIP | MELBOURNE, FL 32901 | |
| TITLE | D | ADDITION |
| NAME | CAVALLUCCI, EUGENE S. | |
| STREET ADDRESS | 1350 S. HICKORY STREET | |
| CITY-ST-ZIP | MELBOURNE, FL 32901 | |