2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# 716049

Entity Name: HOLMES REGIONAL MEDICAL CENTER, INC.

Current Principal Place of Business:

1350 S HICKORY ST
MELBOURNE, FL 32901

New Principal Place of Business:

1350 SOUTH HICKORY ST
MELBOURNE, FL 32901

Current Mailing Address:

6450 U.S. HWY #1
ROCKLEDGE, FL 32955 US

New Mailing Address:

6450 US HIGHWAY 1
ROCKLEDGE, FL 32955 US

FEI Number: 59-0624371 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MATHIAS, DAVID E
6450 U.S. HWY #1
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

MATHIAS, DAVID E
6450 US HIGHWAY 1
ROCKLEDGE, FL 32955 US

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.

SIGNATURE: DAVID E. MATHIAS 04/13/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DOMKOWSKI, PATRICK W M.D.
Address: 1350 S. HICKORY ST.
City-St-Zip: MELBOURNE, FL 32901

Title: D ( ) Delete
Name: HOLLINGSWORTH, A. THOMAS
Address: 1350 S. HICKORY STREET
City-St-Zip: MELBOURNE, FL 32901

Title: VCD ( ) Delete
Name: SHAW, JAMES C
Address: 1350 S HICKORY STREET
City-St-Zip: MELBOURNE, FL 32901

Title: PD ( ) Delete
Name: GIZINSKI, JUDITH
Address: 1350 SOUTH HICKORY STREET
City-St-Zip: MELBOURNE, FL 32901

Title: SD ( ) Delete
Name: ISENMAN, MARTIN W
Address: 1350 SOUTH HICKORY STREET
City-St-Zip: MELBOURNE, FL 32901

Title: CD ( ) Delete
Name: FORD, CATHERINE A
Address: 1350 SOUTH HICKORY STREET
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SENNE, JERRY
Address: 1350 SOUTH HICKORY STREET
City-St-Zip: MELBOURNE, FL 32901

Title: P (X) Change ( ) Addition
Name: GIZINSKI, JUDY
Address: 1350 SOUTH HICKORY STREET
City-St-Zip: MELBOURNE, FL 32901

Title: TSD (X) Change ( ) Addition
Name: POTTER, WILLIAM C
Address: 1350 SOUTH HICKORY STREET
City-St-Zip: MELBOURNE, FL 32901

Title: AS (X) Change ( ) Addition
Name: MATHIAS, DAVID E
Address: 6450 US HIGHWAY 1
City-St-Zip: ROCKLEDGE, FL 32955

Title: VP (X) Change ( ) Addition
Name: GALLOWAY, ROBERT C
Address: 6450 US HIGHWAY 1
City-St-Zip: ROCKLEDGE, FL 32955

Title: CD (X) Change ( ) Addition
Name: SHAW, JAMES C
Address: 1350 SOUTH HICKORY STREET
City-St-Zip: MELBOURNE, FL 32901

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID E. MATHIAS AS 04/13/2009
Electronic Signature of Signing Officer or Director Date