

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 846291

1. Entity Name

HOSPITAL MANAGEMENT ASSOCIATES, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90010 008 ***150.00

Principal Place of Business

Mailing Address

5811 PELICAN BAY BLVD.
 S500
 NAPLES FL 34108
 US

5811 PELICAN BAY BLVD.
 S500
 NAPLES FL 34108-2752
 US

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

35-1410796

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

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME CD
 STREET ADDRESS SCHOEN, WILLIAM J.
 CITY-ST-ZIP 5811 PELICAN BAY BLVD
 NAPLES FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME VTD
 STREET ADDRESS RAY, STEPHEN M.
 CITY-ST-ZIP 5811 PELICAN BAY BLVD., SUITE 500
 NAPLES FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME SVD
 STREET ADDRESS PARRY, TIMOTHY R
 CITY-ST-ZIP 5811 PELICAN BAY BLVD
 NAPLES FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME P
 STREET ADDRESS VUMBACCO, JOSEPH V
 CITY-ST-ZIP 5811 PELICAN BAY BLVD., SUITE 500
 NAPLES FL 34108

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME VC
 STREET ADDRESS HOLLAND, EARL
 CITY-ST-ZIP 5811 PELICAN BAY BLVD., SUITE 500
 NAPLES FL 34108

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

Timothy R. Parry
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy R. Parry

4/15/00

(941) 598-3051

Date

Daytime Phone #

CR2E034 (9/99)