

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 846291

1. Entity Name  
HOSPITAL MANAGEMENT ASSOCIATES, INC.



**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90374 001 \*2,161.25

Principal Place of Business  
5811 PELICAN BAY BLVD.  
S500  
NAPLES FL 34108  
US

Mailing Address  
5811 PELICAN BAY BLVD.  
S500  
NAPLES FL 34108  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 35-1410796

Applied For  
Not Applicable

Zip  
34108-2710

Country

Zip  
34108-2710

Country

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 33324-4413

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE SVP/S/D  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 34108-2710 ☒ Change ☐ Addition

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

TITLE P/CEO/D  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 34108-2710 ☒ Change ☐ Addition

TITLE VTD  
NAME FARNHAM, ROBERT E  
STREET ADDRESS 5811 PELICAN BAY BLVD STE., 500  
CITY-ST-ZIP NAPLES FL 34108 ☐ Delete

TITLE SVP/T/D  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 34108-2710 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE EVP  
NAME Peter M. Lawson  
STREET ADDRESS 5811 Pelican Bay Blvd., Suite 500  
CITY-ST-ZIP Naples, FL 34108-2710 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE EVP  
NAME Jon P. Vollmer  
STREET ADDRESS 5811 Pelican Bay Blvd., Suite 500  
CITY-ST-ZIP Naples, FL 34108-2710 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Timothy R. Parry Senior Vice President 3/21/03 (239) 598-3176

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)