2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003085

FILED
Mar 31, 2009
Secretary of State

Entity Name: HEALTH MANAGEMENT ASSOCIATES, INC.

Current Principal Place of Business:

6125 NW GAYLORD TERRACE
PORT ST LUCIE, FL 34986

New Principal Place of Business:

120 N. WASHINGTON SQUARE
SUITE 705
LANSING, MI 48933

Current Mailing Address:

6125 NW GAYLORD TERRACE
PORT ST LUCIE, FL 34986

New Mailing Address:

120 N. WASHINGTON SQUARE
SUITE 705
LANSING, MI 48933

FEI Number: 38-2599727 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOULD, BRUCE
301 S BRONOUGH ST STE 500
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: ______________________________
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCT ( ) Delete
Name: ROSEN, JAY
Address: 931 WICK COURT
City-St-Zip: EAST LANSING, MI 48823

Title: VVC ( ) Delete
Name: WESTMAN, RONALD
Address: 4653 E. HILLCREST
City-St-Zip: BERRIEN SPRINGS, MI 49103

Title: S ( ) Delete
Name: ELLIS, EILEEN
Address: 2406 BOLLMAN DRIVE
City-St-Zip: LANSING, MI 48917

Title: VP ( ) Delete
Name: EVERT, MARILYNN Y
Address: 2006 LEE AVENUE
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAY ROSEN PRES 03/31/2009
Electronic Signature of Signing Officer or Director Date