

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
GARY B. NORMAN  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # H02309**

**(3)**

1. Corporation Name:

**HEALTH CARE MANAGEMENT ASSOCIATES FLORIDA, INC.**

Principal Place of Business:

**209 NORTH BEAVER STREET  
P.O. BOX 5047  
YORK PA 17405**

Mailings Address:

**209 NORTH BEAVER STREET  
P.O. BOX 5047  
YORK PA 17405**

(See Part 1, Section 1, Item 1, Page 1)

2. Principal Place of Business:

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Principal Place of Business:

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Principal Place of Business:

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Principal Place of Business:

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2a. Mailing Address:

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Principal Place of Business:

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Principal Place of Business:

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Principal Place of Business:

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9. Name and Address of Current Registered Agent

**BRUGGER, JOHN N.  
FORSYTH, SWALM & BRUGGER, P.A.  
600 FIFTH AVENUE SO. SUITE 210  
NAPLES FL 33940**

3. Date of Incorporation (or Reorganization):

**05/07/1984**

3a. Date of Last Request:

**02/24/1994**

4. FIC Number:

**52-1400447**

Applied for  
New Application

5. Certificate of Status (Issued):

**\$8.75 Additional  
Fee Required**

6. Election of Corporate Governance:

**\$5.00 May Be  
Added to Fees**

6a. Does corporation have authority for redemption of shares? (Yes/No)

10. Name and Address of New Registered Agent

81. Name:

82. Street Address:

83. City:

84. State:

**FL**

85. Zip:

11. If you are a corporation, you must file this statement with your annual report. This statement is required for corporations registered in the state of Florida for the purpose of changing the registered agent. The corporation must file this statement with the Department of State, Division of Corporations, at the time it files its annual report. The corporation must also file this statement with the Department of State, Division of Corporations, at the time it files its annual report. The corporation must also file this statement with the Department of State, Division of Corporations, at the time it files its annual report.

12. Officers:

**VDT  
MCCORMACK, WEBSTER J.  
209 N. BEAVER ST.  
YORK PA  
PD  
MCCORMACK, D. JAMES  
209 N. BEAVER ST.  
YORK PA  
VD  
WILSON, RAY A.  
209 N. BEAVER ST.  
YORK PA  
ST  
BRICKER, RICHARD W. (AST)  
209 N. BEAVER ST.  
YORK PA  
D  
REYNOLDS, ANN  
209 N. BEAVER ST.  
YORK PA  
S  
BRUGGER, JOHN N. (ASST)  
600 FIFTH AV. S., #210  
NAPLES FL**

13. Additional Changes:

ADDITIONAL CHANGES TO THE ANNUAL REPORT, ANY OTHER INFORMATION

14. I, the undersigned, certify that the information contained in this report is true and correct, and that I am a duly authorized officer or director of the corporation. I am aware of the penalties for providing false information in this report. I am aware of the penalties for providing false information in this report. I am aware of the penalties for providing false information in this report.

SIGNATURE:

*Richard W. Bricker*  
Richard W. Bricker

4/24/95

717 854 7857