

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **H02309** (3)
1. Corporation Name
HEALTH CARE MANAGEMENT ASSOCIATES FLORIDA, INC.



Principal Place of Business Mailing Address
209 NORTH BEAVER STREET
P.O. BOX 5047
YORK PA 17405

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

3. Date Incorporated or Qualified **05/07/1984** 3a. Date of Last Report **05/01/1995**
4. FEI Number **52-1400447** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VDT	<input type="checkbox"/> DELETE
NAME	MCCORMACK, WEBSTER J.	
STREET ADDRESS	209 N. BEAVER ST.	
CITY - ST - ZIP	YORK PA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCCORMACK, D. JAMES	
STREET ADDRESS	209 N. BEAVER ST.	
CITY - ST - ZIP	YORK PA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WILSON, RAY A.	
STREET ADDRESS	209 N. BEAVER ST.	
CITY - ST - ZIP	YORK PA	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BRICKER, RICHARD W. (AST)	
STREET ADDRESS	209 N. BEAVER ST.	
CITY - ST - ZIP	YORK PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REYNOLDS, ANN	
STREET ADDRESS	209 N. BEAVER ST.	
CITY - ST - ZIP	YORK PA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BRUGGER, JOHN N. (ASST)	
STREET ADDRESS	600 FIFTH AV. S., #210	
CITY - ST - ZIP	NAPLES FL	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96

Date

717-854-7857

Daytime Phone #

CR2E034 (12/95)