

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

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	Mailing Address 209 NORTH BEAVER STREET P.O. BOX 5047 YORK PA 17405
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/07/1984

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number

52-1400447

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ 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 NAME STREET ADDRESS CITY - ST - ZIP

1. VDT MCCORMACK, WEBSTER J. ☐ DELETE

209 N. BEAVER ST.

YORK PA

TITLE NAME STREET ADDRESS CITY - ST - ZIP

2. PD MCCORMACK, D. JAMES ☐ DELETE

209 N. BEAVER ST.

YORK PA

TITLE NAME STREET ADDRESS CITY - ST - ZIP

3. VD WILSON, RAY A. ☐ DELETE

209 N. BEAVER ST.

YORK PA

TITLE NAME STREET ADDRESS CITY - ST - ZIP

4. ST BRICKER, RICHARD W. (AST) ☐ DELETE

209 N. BEAVER ST.

YORK PA

TITLE NAME STREET ADDRESS CITY - ST - ZIP

5. D REYNOLDS, ANN ☐ DELETE

209 N. BEAVER ST.

YORK PA

TITLE NAME STREET ADDRESS CITY - ST - ZIP

6. S BRUGGER, JOHN N. (ASST) ☐ DELETE

600 FIFTH AV. S., #210

NAPLES FL

TITLE NAME STREET ADDRESS CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. 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 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:

*Richard W. Bricker*

4/2/98

717-854-7857

CR2E034 (10/97)