

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90232 050 ***150.00

DOCUMENT # H02309

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

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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 ☐ DELETE
NAME **VDT MCCORMACK, WEBSTER J.**
STREET ADDRESS **209 N. BEAVER ST.**
CITY-ST-ZIP **YORK PA**

TITLE ☐ DELETE
NAME **PD MCCORMACK, D. JAMES**
STREET ADDRESS **209 N. BEAVER ST.**
CITY-ST-ZIP **YORK PA**

TITLE ☐ DELETE
NAME **VD WILSON, RAY A.**
STREET ADDRESS **209 N. BEAVER ST.**
CITY-ST-ZIP **YORK PA**

TITLE ☐ DELETE
NAME **ST BRICKER, RICHARD W. (AST)**
STREET ADDRESS **209 N. BEAVER ST.**
CITY-ST-ZIP **YORK PA**

TITLE ☐ DELETE
NAME **D REYNOLDS, ANN**
STREET ADDRESS **209 N. BEAVER ST.**
CITY-ST-ZIP **YORK PA**

TITLE ☐ DELETE
NAME **S 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 ☐ 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, with all other like empowered.

SIGNATURE:

Richard W. Bricker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/99
Date

717-854-7857
Daytime Phone #

CR2E034 (11/98)