

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2001 8:00 am
Secretary of State

08-13-2001 90006 027 ***550.00

DOCUMENT # H02309

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **52-1400447**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **BRUGGER, JOHN N. (ASST)**
STREET ADDRESS **600 FIFTH AV. S., #210**
CITY-ST-ZIP **NAPLES FL**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/18/01 **717-834-1157**
 Date Daytime Phone #

CR2E034 (5/01)