

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 04, 2002 8:00 am**  
**Secretary of State**

09-04-2002 90087 040 \*\*\*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

**4. FEI Number 52-1400447**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

**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. I am familiar with, and accept the obligations of registered agent.**

**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 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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 checked="" 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	

TITLE	V DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHUGARS, THOMAS U.	
STREET ADDRESS	209 N. BEAVER ST.	
CITY-ST-ZIP	YORK, PA 17405	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (4/02)

**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

8/26/02 717-854-7857

Date

Daytime Phone #