

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **H48422**

1. Entity Name  
**SEBRING HOSPITAL MANAGEMENT ASSOCIATES, INC.**



**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90374 001 \*2,161.25

Principal Place of Business  
**HMA CORPORATE CENTER**  
**5811 PELICAN BAY BLVD. S500**  
**NAPLES FL 34108**  
**US**

Mailing Address  
**HMA CORPORATE CENTER**  
**5811 PELICAN BAY BLVD. S500**  
**NAPLES FL 34108**  
**US**

2. Principal Place of Business  
**3600 South Highlands Avenue**

3. Mailing Address  
  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Sebring, FL**

City & State

4. FEI Number **59-2546390**

Applied For  
Not Applicable

Zip  
**33870-5416**

Country

Zip

Country

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

## 6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

## 7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code  
**33324-4413**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

## 10. OFFICERS AND DIRECTORS

TITLE **VSD** ☐ Delete  
NAME **PARRY, TIMOTHY R**  
STREET ADDRESS **5811 PELICAN BAY BLVD, STE 500**  
CITY-ST-ZIP **NAPLES FL**

TITLE **PD** ☐ Delete  
NAME **VUMBACCO, JOSEPH V**  
STREET ADDRESS **5811 PELICAN BAY BLVD., SUITE 500**  
CITY-ST-ZIP **NAPLES FL 34108**

TITLE **VTD** ☐ Delete  
NAME **FARNHAM, ROBERT E**  
STREET ADDRESS **5811 PELICAN BAY BLVD., SUITE 500**  
CITY-ST-ZIP **NAPLES FL 34108**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SVP/S/D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **34108-2710**

TITLE **P/CEO/D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **34108-2710**

TITLE **SVP/T/D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **34108-2710**

TITLE ☐ Change ☒ Addition  
NAME **EVP**  
STREET ADDRESS **Peter M. Lawson**  
CITY-ST-ZIP **5811 Pelican Bay Blvd., Suite 500**  
**Naples, FL 34108-2710**

TITLE ☐ Change ☒ Addition  
NAME **EVP**  
STREET ADDRESS **Jon P. Vollmer**  
CITY-ST-ZIP **5811 Pelican Bay Blvd., Suite 500**  
**Naples, FL 34108-2710**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Timothy R. Parry* **Timothy R. Parry** **Senior Vice President** **3/24/03** **(239) 598-3176**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)