

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT

1995 *4-27-95*



FLORIDA DEPARTMENT OF STATE
3-4608
John B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 27 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J38679** (3)

1. Corporation Name
ORLANDO H.M.A., INC.

Principal Place of Business Mailing Address
% HMA CORPORATE CENTER
5811 PELICAN BAY BLVD. 500
NAPLES FL 33963-2738

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/20/1986** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2754032** 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARLICK, THOMAS B.
800 LAUREL OAK DR.
SUITE 400
NAPLES FL 33963-2738

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 registering

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------|---|--|
| TITLE | CPD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHOEN, WILLIAM J. | 1.2 NAME | |
| STREET ADDRESS | 5811 PELICAN BAY BLVD | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | NAPLES FL | 1.4 CITY - ST - ZIP | |
| TITLE | SVD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMITH, ROBB L. | 2.2 NAME | |
| STREET ADDRESS | 5811 PELICAN BAY BLVD | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | NAPLES FL | 2.4 CITY - ST - ZIP | |
| TITLE | VTD | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CURRY, KELLY | 3.2 NAME | Ray, Stephen M. |
| STREET ADDRESS | 5811 PELICAN BAY BLVD | 3.3 STREET ADDRESS | 5811 Pelican Bay Blvd., Suite 500 |
| CITY - ST - ZIP | NAPLES FL | 3.4 CITY - ST - ZIP | Naples, FL 33963 |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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, changed, or equal attachment with an address.

SIGNATURE:

Robb E. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robb Smith 4/21/95 (813) 598-3051

(Date) (Signature/Name)