

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000088238

Entity Name: POINCIANA HMA, LLC

FILED  
Apr 15, 2009  
Secretary of State

**Current Principal Place of Business:**

5811 PELICAN BAY BOULEVARD, STE 500  
NAPLES, FL 34108

**New Principal Place of Business:**

**Current Mailing Address:**

5811 PELICAN BAY BOULEVARD, STE 500  
NAPLES, FL 34108

**New Mailing Address:**

FEI Number: 26-1344753

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BARNHART, ANN M  
Address: 40100 US HIGHWAY 27  
City-St-Zip: DAVENPORT, FL 33837

Title: MGRM (X) Delete  
Name: PARRY, TIMOTHY R  
Address: 5811 PELICAN BAY BOULEVARD, STE 500  
City-St-Zip: NAPLES, FL 34108

Title: MGRM (X) Delete  
Name: BRYANT, GARY S  
Address: 5811 PELICAN BAY BOULEVARD, STE 500  
City-St-Zip: NAPLES, FL 34108

Title: MGRM (X) Delete  
Name: HOLLOWAY, KATHLEAN K  
Address: 5811 PELICAN BAY BOULEVARD, STE 500  
City-St-Zip: NAPLES, FL 34108

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HEALTH MANAGEMENT ASSOCIATES, INC.  
Address: 5811 PELICAN BAY BOULEVARD, SUITE 500  
City-St-Zip: NAPLES, FL 34108

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: TIMOTHY R. PARRY

SVP

04/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date