

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000107918

**FILED**  
**Apr 15, 2009**  
**Secretary of State**

**Entity Name:** SANTA ROSA HMA PHYSICIAN MANAGEMENT, LLC

**Current Principal Place of Business:**

5811 PELICAN BAY BLVD., SUITE 500  
NAPLES, FL 34108

**New Principal Place of Business:**

**Current Mailing Address:**

5811 PELICAN BAY BLVD., SUITE 500  
NAPLES, FL 34108

**New Mailing Address:**

**FEI Number:** 20-2760054      **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: HEALTH MANAGEMENT ASSOCIATES, INC.  
Address: 5811 PELICAN BAY BLVD., SUITE 500  
City-St-Zip: NAPLES, FL 34108

**ADDITIONS/CHANGES:**

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

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