FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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95 MAY -1 AM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L88183 (3)

1. Corporate Name:
HOLIDAY SANDS DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
909 MAR WALT DR SUITE 1014 FT WALTON BEACH FL 32547	909 MAR WALT DR SUITE 1014 FT WALTON BEACH FL 32547

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/17/1990	3a. Date of Last Report: 08/10/1994
4. FEI Number: 59-3023866	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/will be liable for intangible tax under S. 199.032, Florida Statutes. ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City, State 23	City, State 28
Zip: 24 County: 25	Zip: 29 County: 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCINNIS, C JEFFREY 909 MAR WALT DR SUITE 1014 FT WALTON BEACH FL 32548	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 Section 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

12. OFFICERS AND DIRECTORS	13. ADDITIONS OR CHANGES TO OFFICERS AND DIRECTORS IN 14
TITLE: D NAME: GARRETT, BRITT E STREET ADDRESS: 11 NE RACETRACK RD CITY-ST-ZIP: FT WALTON BEACH FL	☐ Change ☐ Addition
TITLE: D NAME: WHITWORTH, LEO A JR STREET ADDRESS: 105 AUBURN AVE CITY-ST-ZIP: FT WALTON BEACH FL	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is accurate and does not qualify for the exemptions 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 12 or Block 13 above or on an attachment with an address.

SIGNATURE: Britt E. Garrett BE Garrett 5-1-95 (904)-862-6861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

03883332 CP

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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # L88232 (8)

1. Corporation Name
B.D.S. MEDICAL CENTER, INC.

Principal Place of Business: ~~4461 PALM AVE. HIALEAH FL 33012~~ US

Mailing Address: ~~4461 PALM AVE. HIALEAH FL 33012~~ US

3. Date Incorporated: 07/19/1990
3a. Date of Last Report: 07/11/1994
4. FEI Number: 65-0205305

2. Principal Place of Business
21: 3750 W. 16th Ave
22 Suite, Apt. #: 210
23 City & State: Hialeah, Fl.
24 Zip: 33012
25 Country: US

2a. Mailing Address
26: 3750 W. 16th Avenue
27 Suite, Apt. #: 210
28 City & State: Hialeah, Fl.
29 Zip: 33012
30 Country: US

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

9. Name and Address of Current Registered Agent
ALFONSO, JULIANA D.
4461 PALM AVE.
HIALEAH FL 33012

10. Name and Address of New Registered Agent
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 617.0502, 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

12. OFFICERS AND DIRECTORS
TITLE: PD
NAME: ALFONSO, JULIANA D.
STREET ADDRESS: ~~4461 PALM AVE.~~
CITY-ST-ZIP: ~~HIALEAH FL~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
☐ Change ☐ Addition
STREET ADDRESS: 3750 W. 16th Avenue Ste 210
CITY-ST-ZIP: Hialeah, Fl. 33012

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE: Juliana Alfonso 4/30/95 (305) 362-0457
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0060256 CP

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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L88612** **(1)**

JAN 9 1995

1. Corporate Name

HEALTH MANAGEMENT ASSOCIATES OF AMERICA, INC.

Principal Place of Business	Mailing Address
7000 W. PALMETTO PARK ROAD #220 BOCA RATON FL 33433	ATTN: TAX DEPARTMENT PO BOX 15309 DURHAM NC 27704 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/24/1990**	3a. Date of Last Report: **05/25/1994**
4. FEI Number: **65-0276032**	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 ... Florida Statutes ☐ Yes	☒ No

2. Principal Place of Business — 21 / 22 Suite, Apt. #, etc. / 23 City & State / 24 Zip / 25 Country

2a. Mailing Address — 26 / 27 Suite, Apt. #, etc. / 28 City & State / 29 Zip / 30 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. [illegible]

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	TITLE	☒ Change ☐ Addition
NAME	SOLNIK, MIKE	NAME	
STREET ADDRESS	[illegible]	STREET ADDRESS	2400 E. Commercial Blvd., Ste. 315
CITY-ST-ZIP	~~BOCA RATON FL~~	CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE	D	TITLE	☒ Change ☐ Addition
NAME	RICHMAN, ANDREW	NAME	
STREET ADDRESS	[illegible]	STREET ADDRESS	2400 E. Commercial Blvd., Ste. 315
CITY-ST-ZIP	~~BOCA RATON FL~~	CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE	PD	TITLE	☒ Change ☐ Addition
NAME	LUCIBELLA, RICHARD	NAME	
STREET ADDRESS	~~2255 GLADES RD SUITE 416~~	STREET ADDRESS	2400 E. Commercial Blvd., Ste. 315
CITY-ST-ZIP	~~BOCA RATON FL~~	CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE	VS	TITLE	☒ Change ☐ Addition
NAME	BIRCH, WALTER E.	NAME	
STREET ADDRESS	[illegible]	STREET ADDRESS	2400 E. Commercial Blvd., Ste. 315
CITY-ST-ZIP	[illegible]	CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE	VTS	TITLE	VTAS ☒ Change ☐ Addition
NAME	HARDISTER, SHAWN W.	NAME	
STREET ADDRESS	[illegible]	STREET ADDRESS	2400 E. Commercial Blvd., Ste. 315
CITY-ST-ZIP	~~BOCA RATON FL~~	CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE	S	TITLE	AS ☒ Change ☐ Addition
NAME	SNEDEKER, ANGELA M.	NAME	
STREET ADDRESS	2828 CROASDAILE DR	STREET ADDRESS	
CITY-ST-ZIP	DURHAM NC	CITY-ST-ZIP	

14. [illegible]

SIGNATURE [signature] Angela M. Snedeker 4-28-95 919-383-0355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0000837 CP

L88612

ATTACHMENT

STATE OF FLORIDA
1995 CORPORATION ANNUAL REPORT

HEALTH MANAGEMENT ASSOCIATES OF AMERICA, INC.
DOCUMENT # L88612
FEIN: 65-0276032

ADDITIONAL OFFICERS

TITLE	Director
NAME	Fernando Valverde, M.D.
STREET ADDRESS	2400 E. Commercial Blvd., Ste. 315
CITY-ST-ZIP	Ft. Lauderdale, FL 33308

TITLE	Director
NAME	Guillermo Salazar
STREET ADDRESS	2400 E. Commercial Blvd., Ste. 315
CITY-ST-ZIP	Ft. Lauderdale, FL 33308