

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

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93 MAY -1 AM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra G. Mortimer Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # L88183 (3)		
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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. State Apt # etc	26. State Apt # etc	07/17/1990	08/10/1994
22. City & State	27. City & State	4. FET Number	Applied For
23. Zip	28. Zip	59-3023866	Not Applicable
24. Country	29. Country	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	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 85. Zip Code

11. Pursuant to the provisions of Sections 607.0402 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 Sections 607.0402, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12
1. NAME D GARRETT, BRITT E 11 NE RACETRACK RD FT WALTON BEACH FL	1. NAME ☐ Change ☐ Addition
2. NAME D WHITWORTH, LEO A JR 105 AUBURN AVE FT WALTON BEACH FL	2. NAME ☐ Change ☐ Addition
3. NAME	3. NAME ☐ Change ☐ Addition
4. NAME	4. NAME ☐ Change ☐ Addition
5. NAME	5. NAME ☐ Change ☐ Addition
6. NAME	6. NAME ☐ Change ☐ Addition
7. NAME	7. NAME ☐ Change ☐ Addition
8. NAME	8. NAME ☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not comply for the corporation stated in Section 139.032, Florida Statutes. I further certify that the information included 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 cause this report as required by Chapter 139, Florida Statutes, and that my name appears on Block 1, 2 or Block 3 of a filing required to be an attachment with an address.

SIGNATURE: *Britt E. Garrett* *LEO A. Whitworth*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-95 704-862-6861
Date Telephone

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Walker
Secretary of State
3000 Florida Capitol Mall, Tallahassee, FL 32304

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AND
FILED

DOCUMENT # **L88232** (8)

1. Corporation Name

B.D.S. MEDICAL CENTER, INC.

APR 11 1995 9:57

STATE OF FLORIDA
HALL COUNTY, FLORIDA

2. Principal Place of Business

**4461 PALM AVE
HALEAH FL 33012
US**

3. Mailing Address

**4461 PALM AVE
HALEAH FL 33012
US**

4. Date of Last Report

07/19/1990

07/11/1994

5. FIC Number
65-0205305

Applied For
Not Applicable

6. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
7. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under § 199.03, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 3750 W. 16th AVE

2b. Mailing Address

26 3750 W. 16th Avenue

22 Suite Apt # of

22 210

26 Suite Apt # of

27 210

23 City & State

23 Hialeah, F.

27 City & State

28 Hialeah, F.

24 Zip

24 33012

25 Country

25 US

29 Zip

30 33012

30 Country

30 US

9. Name and Address of Current Registered Agent

**ALFONSO, JULIANA D.
4461 PALM AVE.
HALEAH FL 33012**

10. Name and Address of New Registered Agent

81 Name

82 Street Address, P.O. Box Number or Not Applicable

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 199.03 and 199.04, Florida Statutes, this 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, thereby approving the appointment as registered agent, fully familiar with and accept the obligations of his or her office, Florida Statutes.

SIGNATURE

Signature of Agent

Signature of New Agent

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1. NAME	PD
2. NAME	ALFONSO, JULIANA D.
3. STREET ADDRESS	4461 PALM AVE.
4. CITY & STATE	HALEAH FL
5. NAME	
6. STREET ADDRESS	
7. CITY & STATE	
8. NAME	
9. STREET ADDRESS	
10. CITY & STATE	
11. NAME	
12. STREET ADDRESS	
13. CITY & STATE	
14. NAME	
15. STREET ADDRESS	
16. CITY & STATE	
17. NAME	
18. STREET ADDRESS	
19. CITY & STATE	
20. NAME	
21. STREET ADDRESS	
22. CITY & STATE	

1. NAME	☐ Change ☐ Add New
2. NAME	
3. STREET ADDRESS	3750 W. 16th Avenue Ste 210
4. CITY & STATE	Hialeah, F. 33012
5. NAME	☐ Change ☐ Add New
6. NAME	
7. STREET ADDRESS	
8. CITY & STATE	
9. NAME	☐ Change ☐ Add New
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. NAME	☐ Change ☐ Add New
14. NAME	
15. STREET ADDRESS	
16. CITY & STATE	
17. NAME	☐ Change ☐ Add New
18. NAME	
19. STREET ADDRESS	
20. CITY & STATE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct for the corporation stated as has been filed in the Florida Statutes. I further certify that the information is correct for the general report or supplemental information required to be filed and is correct and that my signature shall have the same legal effect as if the individual officer or director had signed the report or the supplemental information required to be filed in the Florida Statutes, and that my signature appears on this filing as required by law after being filed with the filing.

SIGNATURE:

Juliana Alfonso
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/95 (305) 362-0055

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CORPORATION
ANNUAL REPORT
1995

DOCUMENT # L88612 (1)
HEALTH MANAGEMENT ASSOCIATES OF AMERICA, INC.

**7000 W. PALMETTO PARK ROAD #220
BOCA RATON FL 33433**

**ATTN: TAX DEPARTMENT
PO BOX 15309
DURHAM NC 27704
US**

JAN 9 1995

APPROVED
FILED

07/24/1990
05/25/1994

65-0276032

8. This corporation has authority for intrastate tax under the Florida Statutes
☐ Yes ☒ No

2. Principal Office of Corporation
26. Mailing Address

21. State of Incorporation
27. State of Principal Office

22. City and State
28. City and State

24. Zip
25. Zip
29. Zip
30. Zip

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

B1. Name
B2. Street Address (if Box Number is Not Acceptation)
B3.
B4. City
B5. Zip Code

11. Payment to the provisions of Sections 607.04(1) and 607.1008, 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 jurisdiction of Sections 607.04(1) and 607.1008, Florida Statutes.

12. OFFICERS AND DIRECTORS

NAME	D SOLNIK, MIKE
STREET ADDRESS	2600 PALMETTO PARK ROAD
CITY AND STATE	BOCA RATON FL
NAME	D RICHMAN, ANDREW
STREET ADDRESS	2355 CLARENDON DRIVE
CITY AND STATE	BOCA RATON FL
NAME	PD LUCIBELLA, RICHARD
STREET ADDRESS	2355 CLARENDON DRIVE
CITY AND STATE	BOCA RATON FL
NAME	VS BIRCH, WALTER E.
STREET ADDRESS	2355 CLARENDON DRIVE
CITY AND STATE	BOCA RATON FL
NAME	VS HARDISTER, SHAWN W.
STREET ADDRESS	2355 CLARENDON DRIVE
CITY AND STATE	BOCA RATON FL
NAME	S SNEDEKER, ANGELA M.
STREET ADDRESS	2828 CROASDALE DR
CITY AND STATE	DURHAM NC

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

NAME	2400 E. Commercial Blvd., Ste. 315
STREET ADDRESS	Ft. Lauderdale, FL 33308
NAME	2400 E. Commercial Blvd., Ste. 315
STREET ADDRESS	Ft. Lauderdale, FL 33308
NAME	2400 E. Commercial Blvd., Ste. 315
STREET ADDRESS	Ft. Lauderdale, FL 33308
NAME	2400 E. Commercial Blvd., Ste. 315
STREET ADDRESS	Ft. Lauderdale, FL 33308
NAME	VTAS
STREET ADDRESS	2400 E. Commercial Blvd., Ste. 315
STREET ADDRESS	Ft. Lauderdale, FL 33308
NAME	AS

14. I declare, certify that the information supplied with this filing is, voluntarily furnished and does not qualify for the exemption stated in Section 119.01(1)(b), Florida Statutes. I further certify that the information included 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 registered agent or have employment to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this document, or on an attachment with an address.

SIGNATURE: Angela M. Snedeker
Angela M. Snedeker
4-28-95
919-383-0355

L 88612

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