


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90428 027 \*\*\*\*61.25

<b>DOCUMENT # N94000001612</b> 1. Entity Name <b>HEALTH MANAGEMENT ASSOCIATION, INC.</b>					
Principal Place of Business <b>GASTRO ASSOC OF SW FLA</b> <b>63 BURKLEY CR, # 103</b> <b>FORT MYERS, FL 33907 US</b>			Mailing Address <b>C/O HEALTH MANAGEMENT ASSN INC</b> <b>P.O. BOX 6537</b> <b>FT MYERS, FL 33911 US</b>		
2. Principal Place of Business <i>Inst. for Orthopedic Surgery</i> Suite, Apt. #, etc. <b>8350 Riverwalk Park Blvd, #1</b>		3. Mailing Address <del>8350 Riverwalk Park Blvd, #1</del> Suite, Apt. #, etc. <del>8350 Riverwalk Park Blvd, #1</del>			
City & State <b>Ft. Myers FL</b>		City & State <del>Ft. Myers FL</del>		4. FEI Number <b>65-0239151</b>	
Zip <b>33919</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GANTT, KERRI</b> <b>63 BARKLEY CR, # 103</b> <b>FORT MYERS, FL 33907</b>				7. Name and Address of New Registered Agent Name <b>Fox, Robin</b> Street Address (P.O. Box Number is Not Acceptable) <b>8350 Riverwalk Park Blvd, #1</b> City <b>Ft. Myers</b> <b>FL</b> Zip Code <b>33919</b>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <b>Robin Fox</b> X <i>[Signature]</i> DATE <b>4/19/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD SEVICK, LISA <input type="checkbox"/> Delete 8350 RIVERWALK PARK BLVD, # 3 FORT MYERS, FL 33919				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BURGES, SHARON <input type="checkbox"/> Delete 8540 COLLEGE PKWY FORT MYERS, FL 33919				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MALT ZOLDAK, ELAINE <input type="checkbox"/> Delete 8380 RIVERWALK PARK BLVD, # 220 FORT MYERS, FL 33919				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS POUNDERS, ANNETTE <input type="checkbox"/> Delete 2675 WINKLER AVE, # 490 FORT MYERS, FL 33901				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GANTT, KERI <input type="checkbox"/> Delete 63 BARKLEY CR, # 103 FORT MYERS, FL 33907				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE FOX, ROBIN <input type="checkbox"/> Delete 8350 RIVERWALK PARK BLVD, # 1 FORT MYERS, FL 33919				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
PD FOX, ROBIN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8350 RIVERWALK PARK BLVD, # 1 FORT MYERS, FL 33919					
PE Terri Bohinick <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1528 Del Prado Blvd S Cape Coral, FL 33990					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <b>Robin Fox</b> X <i>[Signature]</i> Date <b>239-482-5399</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					