


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90017 001 ****61.25

DOCUMENT # N94000001612		
1. Entity Name HEALTH MANAGEMENT ASSOCIATION, INC.		

Principal Place of Business 13710 CYPRESS TERRACE CIR FORT MYERS, FL 33907 US	Mailing Address C/O HEALTH MANAGEMENT ASSN INC P.O. BOX 6537 FT MYERS, FL 33911 US
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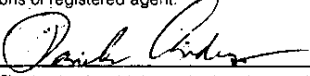
2. Principal Place of Business - No P.O. Box # 1400 Colonial Blvd.	3. Mailing Address
Suite, Apt. #, etc. Unit 1	Suite, Apt. #, etc.
City & State Fort Myers	City & State
Zip FL	Country USA

02142008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0239151	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FOUNDERS, ANNETTE 13710 CYPRESS TERRACE CIRCLE FORT MYERS, FL 33907	7. Name and Address of New Registered Agent Name Pamela Anderson c/o IMA Street Address (P.O. Box Number is Not Acceptable) 1400 Colonial Blvd., Unit 1 City Fort Myers FL Zip Code 33907
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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.

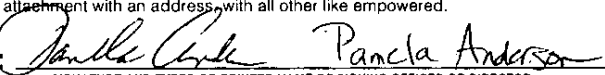
SIGNATURE  **Pamela Anderson, President** DATE **4-8-08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DODSON, SONYA 15640 NEW HAMPSHIRE COURT FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DRASS, RHONDA 530 SE 16TH PLACE CAPE CORAL, FL 33990 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Lesa Shawles 8512 Fordham St Ft Myers, FL 33907 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MALT AYCOCK, MICHELE 4790 BARKELY #A FORT MYERS, FL 33907 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MALT Mary Gatof 8381 Riverwalk Park Blvd, Suite 101 Ft. Myers, FL 33919 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS BOLLING, PAM 12670 WHITEHALL DRIVE FORT MYERS, FL 33907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOX, ROBIN 8350 RIVERWALK PARK BLVD. #1 FORT MYERS, FL 33919 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Annette Pounders 13710 Cypress Terrace Dr. Fort Myers, FL 33907 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POUNDERS, ANNETTE 13710 CYPRESS TERRACE CIRCLE FORT MYERS, FL 33907 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Pamela Anderson 1400 Colonial Blvd., Unit 1 Fort Myers, FL 33907 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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  **Pamela Anderson** DATE **4-8-08** DAYTIME PHONE # **239-48-2502**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR