## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N94000001612

FILED Mar 17, 2010 Secretary of State

Entity Name: HEALTH MANAGEMENT ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1528 DLE PRADO BLVD S 3660 BROADWAY

CAPE CORAL, FL 33914 US FORT MYERS,, FL 33901 US

Current Mailing Address: New Mailing Address:

C/O HEALTH MANAGEMENT ASSN INC P.O. BOX 6537

FT MYERS, FL 33911 US

FEI Number: 65-0239151 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KEMPE, JUDY HOTKA, TRACI 1528 DEL PRADO BLVD S 3660 BROADWAY

CAPE CORAL, FL 33914 US FORT MYERS, FL 33901 US

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: TRACI HOTKA 03/17/2010

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: MALT

Name: WASHINGTON, VALERIE

Address: 9732 COMMERCE CENTER COURT, UNIT A

City-St-Zip: FORT MYERS, FL 33908

Title: TD

 Name:
 MASTERS, LYNDA

 Address:
 3571 DEL PRADO BLVD N

 City-St-Zip:
 CAPE CORAL, FL 33909 US

Title: S

 Name:
 SHAWLES, LESA

 Address:
 8512 FORDHAM ST.

 City-St-Zip:
 FORT MYERS, FL 33907 US

Title: CS

Name: BOHINICK, TERESA Address: 9671 GLADIOLOUS DR City-St-Zip: FORT MYERS, FL 33908

Title: PD

Name: KEMP, JUDY

Address: 1528 DEL PRADO BLVD S City-St-Zip: CAPE CORAL, FL 33990 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LYNDA MASTERS TREA 03/17/2010