## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N94000001612

FILED Mar 31, 2011 Secretary of State

Entity Name: HEALTH MANAGEMENT ASSOCIATION, INC.

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

3660 BROADWAY 13740 CYPRESS TERRACE CIRCLE FORT MYERS,, FL 33901 US

SUITE 501

FORT MYERS,, FL 33907

**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:

HOTKA, TRACI STUCKERT, LYNN 13740 CYPRESS TERRACE CIRCLE 3660 BROADWAY FORT MYERS, FL 33901 US SUITE 501

FORT MYERS, FL 33907 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: LYNDA MASTERS 03/31/2011

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

MALT

WASHINGTON, VALERIE Name:

Address: 9732 COMMERCE CENTER COURT, UNIT A

City-St-Zip: FORT MYERS, FL 33908

Title:

Name: MASTERS, LYNDA Address: 3571 DEL PRADO BLVD N City-St-Zip: CAPE CORAL, FL 33909 US

Title:

SHAWLES, LESA Name: Address: 8512 FORDHAM ST.

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

Title: CS

Name: FRANCIS, CATALINA Address: 1265 VISCAYA PKWY #3 City-St-Zip: CAPE CORAL, FL 33990

Title: PD

HOTKA, TRACI Name: 3660 BROADWAY Address:

FORT MYERS, FL 33901 US City-St-Zip:

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 TR 03/31/2011