

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001612

FILED  
Apr 16, 2012  
Secretary of State

Entity Name: HEALTH MANAGEMENT ASSOCIATION, INC.

## Current Principal Place of Business:

13740 CYPRESS TERRACE CIRCLE  
SUITE 501  
FORT MYERS,, FL 33907 US

## New Principal Place of Business:

8380 RIVERWALK PARK BLVD  
SUITE 200  
FORT MYERS,, FL 33919 US

## Current Mailing Address:

C/O HEALTH MANAGEMENT ASSN INC  
P.O. BOX 6537  
FT MYERS, FL 33911 US

## New Mailing Address:

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

## Name and Address of Current Registered Agent:

STUCKERT, LYNN  
13740 CYPRESS TERRACE CIRCLE  
SUITE 501  
FORT MYERS, FL 33907 US

## Name and Address of New Registered Agent:

SHAWLES, LESA  
8380 RIVERWALK PARK BLVD  
SUITE 200  
FORT MYERS, FL 33919 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: LESA SHAWLES

04/16/2012

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: O  
Name: PARKER, KIM  
Address: 39 BARKLEY CIRCLE  
City-St-Zip: FORT MYERS, FL 33907

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

Title: TR  
Name: SHAWLES, LESA  
Address: 8512 FORDHAM ST.  
City-St-Zip: FORT MYERS, FL 33907 US

Title: CS  
Name: SORIANO, BETTY  
Address: 8381 RIVERWALK PARK BLVD #101  
City-St-Zip: FORT MYERS, FL 33919

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: LESA SHAWLES

O

04/16/2012

Electronic Signature of Signing Officer or Director

Date