

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000051520

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: POLK HMA, INC.

## Current Principal Place of Business:

5811 PELICAN BAY BLVD, STE 500  
NAPLES, FL 341082711

## New Principal Place of Business:

## Current Mailing Address:

ATTN: LEGAL DEPT  
5811 PELICAN BAY BOULEVARD, SUITE 500  
NAPLES, FL 34108

## New Mailing Address:

FEI Number: 59-3649650      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324      US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: SVD ( ) Delete  
Name: PARRY, TIMOTHY R  
Address: 5811 PELICAN BAY BLVD, STE 500  
City-St-Zip: NAPLES, FL 341082711

Title: PD ( ) Delete  
Name: MIDKIFF, STEPHEN L  
Address: 13695 US HIGHWAY 1  
City-St-Zip: SEBASTIAN, FL 32958

Title: T ( ) Delete  
Name: BRYANT, GARY S  
Address: 5811 PELICAN BAY BLVD STE 500  
City-St-Zip: NAPLES, FL 341082711

Title: ASEC ( ) Delete  
Name: HOLLOWAY, KATHLEEN K  
Address: 5811 PELICAN BAY BOULEVARD, SUITE 500  
City-St-Zip: NAPLES, FL 34108

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: JONES, BRADLEY E  
Address: 5811 PELICAN BAY BOULEVARD, SUITE 500  
City-St-Zip: NAPLES, FL 34108

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: AT ( ) Change (X) Addition  
Name: SHAW, MARLIN K  
Address: 5811 PELICAN BAY BOULEVARD, SUITE 500  
City-St-Zip: NAPLES, FL 34108

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY R. PARRY

SVP

04/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date