2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006
Secretary of State

DOCUMENT# P01000093180

Entity Name: LEHIGH HMA, INC.

Current Principal Place of Business:

1500 LEE BLVD
LEHIGH ACRES, FL 339364835

New Principal Place of Business:

Current Mailing Address:

5811 PELICAN BAY BLVD., STE. 500
NAPLES, FL 341082711

New Mailing Address:

FEI Number: 65-1144586 **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.
FORT LAUDERDALE, FL 333244413 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: PD ( ) Delete
Name: TYRA, J. ALLEN
Address: 1500 LEE BOULEVARD
City-St-Zip: LEHIGH ACRES, FL 33936

Title: T ( ) Delete
Name: TIBETT, CHERYL
Address: 1500 LEE BOULEVARD
City-St-Zip: LEHIGH ACRES, FL 33936

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

Title: VD ( ) Delete
Name: PUTTER, JOSHUA S
Address: 809 E. MARION AVENUE
City-St-Zip: PUNTA GORDA, FL 33950

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: AST ( ) Change (X) Addition
Name: JAY, ROBERT F
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 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 VSD 03/24/2006

Electronic Signature of Signing Officer or Director — Date