2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005
Secretary of State

DOCUMENT# P04000173008

Entity Name: SEBRING HMA PHYSICIAN MANAGEMENT, INC.

Current Principal Place of Business:

5811 PELICAN BAY BLVD., STE. 500
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

5811 PELICAN BAY BLVD., STE. 500
NAPLES, FL 34108

New Mailing Address:

FEI Number: 20-2159399 **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: SVSD ( ) Delete
Name: PARRY, TIMOTHY R.
Address: 5811 PELICAN BAY BLVD., STE. 500
City-St-Zip: NAPLES, FL 34108

Title: CEOD ( ) Delete
Name: BARBER, JAMES A.
Address: 5811 PELICAN BAY BLVD., STE. 500
City-St-Zip: NAPLES, FL 34108

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

Title: T ( ) Delete
Name: MOGLIA, J. RANDALL
Address: 5811 PELICAN BAY BLVD., STE. 500
City-St-Zip: NAPLES, FL 34108

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 S 04/05/2005

Electronic Signature of Signing Officer or Director Date