

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-28-2002 90202 033 ***550.00

DOCUMENT # P07320

1. Entity Name

HMA SANTA ROSA MEDICAL CENTER, INC.

Principal Place of Business

515 W. GREENS ROAD
 SUITE 500
 HOUSTON TX 77067

Mailing Address

515 W. GREENS ROAD
 SUITE 500
 HOUSTON TX 77067

2. Principal Place of Business

5811 Pelican Bay Blvd.

3. Mailing Address

5811 Pelican Bay Blvd.

Suite, Apt. #, etc.
 Suite 500

Suite, Apt. #, etc.
 Suite 500

City & State
 Naples, FL

City & State
 Naples, FL

Zip
 34108

Country
 USA

Zip
 34108

Country
 USA

4. FEI Number

68-0045270

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
 NAME SMITH, ROBERT L
 STREET ADDRESS 515 W. GREENS ROAD., SUITE 800
 CITY-ST-ZIP HOUSTON TX 77067

TITLE PD ☐ Change ☒ Addition
 NAME Joseph V. Vumbacco
 STREET ADDRESS 5811 Pelican Bay Blvd., Suite 500
 CITY-ST-ZIP Naples, FL 34108

TITLE VAS ☒ Delete
 NAME HUMPHREY, LARRY
 STREET ADDRESS 515 W GREENS RD #800
 CITY-ST-ZIP HOUSTON TX

TITLE VTD ☐ Change ☒ Addition
 NAME Robert E. Farnham
 STREET ADDRESS 5811 Pelican Bay Blvd., Suite 500
 CITY-ST-ZIP Naples, FL 34108

TITLE VTAS ☒ Delete
 NAME FRANKOVICH, DEBORAH H
 STREET ADDRESS 515 W. GREENS ROAD., SUITE 800
 CITY-ST-ZIP HOUSTON TX

TITLE VSD ☐ Change ☒ Addition
 NAME Timothy R. Parry
 STREET ADDRESS 5811 Pelican Bay Blvd., Suite 500
 CITY-ST-ZIP Naples, FL 34108

TITLE P ☒ Delete
 NAME GANDY, MURRAY P JR
 STREET ADDRESS 515 W GREENS RD
 CITY-ST-ZIP HOUSTON TX

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 11 or Block 12 if changed; or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert E. Farnham
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert E. Farnham

7-18-02

(239) 598-3051

Date

Daytime Phone #

CR2E034 (4/02)