2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005
Secretary of State

DOCUMENT# P07320

Entity Name: HMA SANTA ROSA MEDICAL CENTER, INC.

Current Principal Place of Business:

6002 BERRYHILL RD
MILTON, FL 325705062

New Principal Place of Business:

Current Mailing Address:

5811 PELICAN BAY BLVD.
SUITE 500
NAPLES, FL 341082711

New Mailing Address:

FEI Number: 68-0045270 **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 ROAD
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:	GANDY, M. PETE	
Address:	6002 BERRYHILL ROAD	
City-St-Zip:	MILTON, FL 32570	
Title:	T	( ) Delete
Name:	BURNS, KAY K	
Address:	6002 BERRYHILL ROAD	
City-St-Zip:	MILTON, FL 32570	
Title:	VSD	( ) Delete
Name:	PARRY, TIMOTHY R	
Address:	5811 PELICAN BAY BLVD., SUITE 500	
City-St-Zip:	NAPLES, FL 341082711	
Title:	VD	( ) Delete
Name:	VOLLMER, JON P	
Address:	5811 PELICAN BAY BLVD, STE 500	
City-St-Zip:	NAPLES, FL 341082711	
Title:	CNO	( ) Delete
Name:	DIXON, CYNTHIA	
Address:	6002 BERRYHILL ROAD	
City-St-Zip:	MILTON, FL 32570	

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:	( ) 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