FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 27 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P09584 (4)

1. Corporation Name
HEALTH MANAGEMENT ASSOCIATES, INC. OF DELAWARE

Principal Place of Business	Mailing Address
5811 PELICAN BAY BLVD SUITE 500 NAPLES FL 33963-2710	5811 PELICAN BAY BLVD SUITE 500 NAPLES FL 33963-2710

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/27/1986
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 61-0963645 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) / Country (25) / Zip (29) / Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD	11 TITLE	☐ Change ☐ Addition
NAME	SCHOEN, WILLIAM J.	12 NAME	
STREET ADDRESS	5811 PELICAN BAY BLVD. SUITE 500	13 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	LEWIS, KENNETH	22 NAME	
STREET ADDRESS	5811 PELICAN BAY BLVD	23 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	KNOX, ROBERT	32 NAME	
STREET ADDRESS	717 FIFTH AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY.	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☒ Change ☐ Addition
NAME	DAUTEN, KENT	42 NAME	
STREET ADDRESS	3 FIRST NATIONAL PLAZA	43 STREET ADDRESS	707 Skokie Blvd., Suite 600
CITY-ST-ZIP	CHICAGO IL	44 CITY-ST-ZIP	Northbrook, IL 60062
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	LEES, CHARLES R.	52 NAME	
STREET ADDRESS	32130 OAKSHORE DR.	53 STREET ADDRESS	
CITY-ST-ZIP	WESTLAKE VILLAGE CA	54 CITY-ST-ZIP	
TITLE	SV	61 TITLE	☐ Change ☐ Addition
NAME	SMITH, ROBB L.	62 NAME	
STREET ADDRESS	5811 PELICAN BAY BLVD	63 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robb L. Smith Robb Smith 4/21/95 (813) 598-3051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0331472 CP

P095584

Health Management Associates, Inc. of Delaware
61-0963645

Additional Officers and Directors

V/T
Ray, Stephen M.
5811 Pelican Bay Blvd., Suite 500
Naples, FL 33963

V
Holland, Earl
5811 Pelican Bay Blvd., Suite 500
Naples, FL 33963

D
Mayberry, William E.
826 Rue de Ville
Naples, FL 33963