FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Apr 23 1996 8:00 am
Secretary of State

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**

3. Date Incorporated or Qualified: **03/27/1986**

3a. Date of Last Report: **04/27/1995**

2. Principal Place of Business (21):

2a. Mailing Address (26):

Suite, Apt. #, etc. (22):

Suite, Apt. #, etc (27):

City & State (23):

City & State (28):

Zip (24): Country (25):

Zip (29): Country (30):

4. FEI Number: **61-0963645** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 _____ (Signature, Typed or Printed Name of Registered Agent and Title, if Applicable) (DATE: Registered Agent Signature Required When Filing Amendment) (DATE)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CPD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SCHOEN, WILLIAM J.		1.2 NAME		
STREET ADDRESS	5811 PELICAN BAY BLVD. SUITE 500		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LEWIS, KENNETH		2.2 NAME		
STREET ADDRESS	5811 PELICAN BAY BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KNOX, ROBERT		3.2 NAME		
STREET ADDRESS	717 FIFTH AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY.		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DAUTEN, KENT		4.2 NAME		
STREET ADDRESS	707 SKOKIE BLVD, STE 600		4.3 STREET ADDRESS		
CITY-ST-ZIP	NORTHBROOK IL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LEES, CHARLES R.		5.2 NAME		
STREET ADDRESS	32130 OAKSHORE DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	WESTLAKE VILLAGE CA		5.4 CITY-ST-ZIP		
TITLE	SV	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, ROBB L.		6.2 NAME		
STREET ADDRESS	5811 PELICAN BAY BLVD		6.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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 L. Smith 4/22/96 (941)-598-3051

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)