

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P09584

1. Entity Name

HEALTH MANAGEMENT ASSOCIATES, INC. OF DELAWARE

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90163 034 \*\*\*150.00

Principal Place of Business

5811 PELICAN BAY BLVD  
SUITE 500  
NAPLES FL 34108  
US

Mailing Address

5811 PELICAN BAY BLVD  
SUITE 500  
NAPLES FL 34108-2711  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

61-0963645

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.

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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 CD  
NAME SCHOEN, WILLIAM J.  
STREET ADDRESS 5811 PELICAN BAY BLVD. SUITE 500  
CITY-ST-ZIP NAPLES FL ☐ Delete

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

TITLE D  
NAME LEWIS, KENNETH  
STREET ADDRESS 5811 PELICAN BAY BLVD  
CITY-ST-ZIP NAPLES FL ☐ Delete

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

TITLE D  
NAME KNOX, ROBERT  
STREET ADDRESS 717 FIFTH AVE.  
CITY-ST-ZIP NEW YORK, NY. ☐ Delete

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

TITLE D  
NAME DAUTEN, KENT  
STREET ADDRESS 707 SKOKIE BLVD, STE 600  
CITY-ST-ZIP NORTHBROOK IL ☐ Delete

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

TITLE D  
NAME LEES, CHARLES R.  
STREET ADDRESS 32130 OAKSHORE DR.  
CITY-ST-ZIP WESTLAKE VILLAGE CA ☐ Delete

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

TITLE SV  
NAME PARRY, TIMOTHY R  
STREET ADDRESS 5811 PELICAN BAY BLVD #500  
CITY-ST-ZIP NAPLES FL ☐ Delete

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:

*Timothy R. Parry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy R. Parry

4/15/00

(941) 598-3051

Date

Daytime Phone #

CR2E034 (9/99)