

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09584

FILED
Mar 23, 2006
Secretary of State

Entity Name: HEALTH MANAGEMENT ASSOCIATES, INC. OF DELAWARE

Current Principal Place of Business:

5811 PELICAN BAY BLVD
SUITE 500
NAPLES, FL 341082711 US

New Principal Place of Business:

Current Mailing Address:

5811 PELICAN BAY BLVD
SUITE 500
NAPLES, FL 341082711 US

New Mailing Address:

FEI Number: 61-0963645 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
PLANTATION, FL 33324 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: CD () Delete
Name: SCHOEN, WILLIAM J
Address: 5811 PELICAN BAY BLVD. SUITE 500
City-St-Zip: NAPLES, FL 341082711

Title: D () Delete
Name: VUMBACCO, JOSEPH V
Address: 5811 PELICAN BAY BLVD., SUITE 500
City-St-Zip: NAPLES, FL 341082711

Title: D () Delete
Name: DAUTEN, KENT P
Address: 520 LAKE COOK ROAD, SUITE 650
City-St-Zip: DEERFIELD, IL 600155256

Title: D () Delete
Name: KIERNAN, DONALD E
Address: 9142 TROON LAKES
City-St-Zip: NAPLES, FL 341094312

Title: SVPS () Delete
Name: PARRY, TIMOTHY R
Address: 5811 PELICAN BAY BLVD #500
City-St-Zip: NAPLES, FL 341082711

Title: D () Delete
Name: KNOX, ROBERT A
Address: 717 FIFTH AVENUE, SUITE 1100
City-St-Zip: NEW YORK, NY 10023

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:

Title: D (X) Change () Addition
Name: KNOX, ROBERT A
Address: 355 LEXINGTON AVENUE, 14TH FLOOR
City-St-Zip: NEW YORK, NY 10017

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

SVD

03/23/2006

Electronic Signature of Signing Officer or Director

_____ Date