2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2011
Secretary of State

DOCUMENT# P09584

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, #500
ATTN: LEGAL DEPT
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

OFFICERS AND DIRECTORS:

Title: PCEO
Name: NEWSOME, GARY D
Address: 5811 PELICAN BAY BLVD., SUITE 500
City-St-Zip: NAPLES, FL 341082711

Title: CFO
Name: CURRY, KELLY E
Address: 5811 PELICAN BAY BOULEVARD, SUITE 500
City-St-Zip: NAPLES, FL 34108

Title: SVP
Name: FARNHAM, ROBERT E
Address: 5811 PELICAN BAY BOULEVARD, SUITE 500
City-St-Zip: NAPLES, FL 34108

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

Title: VP
Name: MEEK, JOSEPH C
Address: 5811 PELICAN BAY BOULEVARD, #500
City-St-Zip: NAPLES, FL 34108

I hereby 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 all other like empowered.

SIGNATURE: TIMOTHY R. PARRY SVP 03/16/2011

Electronic Signature of Signing Officer or Director Date