

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000031573

Entity Name: HAINES CITY HMA INC.

FILED
Apr 05, 2005
Secretary of State

Current Principal Place of Business:

40100 HIGHWAY 27
DAVENPORT, FL 338375906

New Principal Place of Business:

Current Mailing Address:

5811 PELICAN BAY BLVD.
SUITE 500
NAPLES, FL 341082710

New Mailing Address:

FEI Number: 59-3184672 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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: PD () Delete
Name: BARNHART, ANN M
Address: 40100 US HIGHWAY 27
City-St-Zip: DAVENPORT, FL 338375906

Title: T () Delete
Name: MILAZZO, JOHN A III
Address: 40100 US HIGHWAY 27
City-St-Zip: DAVENPORT, FL 338375906

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

Title: VD () Delete
Name: MIDKIFF, STEPHEN L
Address: 13695 US HIGHWAY 1
City-St-Zip: SEBASTIAN, FL 32958

Title: CNO () Delete
Name: KIPP, CHRISTINE
Address: 40100 US HIGHWAY 27
City-St-Zip: DAVENPORT, FL 338375906

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: CNO (X) Change () Addition
Name: CATENA-MILETO, DOROTHY
Address: 40100 US HIGHWAY 27
City-St-Zip: DAVENPORT, FL 338375906

I hereby certify that the information supplied with this filing does not qualify for the 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 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

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04/05/2005

Electronic Signature of Signing Officer or Director

_____ Date