

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90373 001 ***750.00

DOCUMENT # P94000025439

1. Entity Name
PUNTA GORDA HMA, INC.



Principal Place of Business
ATTN: CHARLOTTE REGIONAL MEDICAL CENTER
P.O. BOX 51-1328
PUNTA GORDA FL 33951
US

Mailing Address
5811 PELICAN BAY BLVD.
SUITE 500
NAPLES FL 34108
US

2. Principal Place of Business
809 E. Marion Avenue

3. Mailing Address

Suite, Apt. #, etc.

City & State
Punta Gorda, FL

City & State

4. FEI Number **65-0526360**

Applied For
Not Applicable

Zip
33950-3819

Country

Zip
34108-2710

Country

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
33324-4413

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **SVP/S/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **34108-2710**

TITLE **P** ☐ Delete
NAME **VUMBACCO, JOSEPH V**
STREET ADDRESS **5811 PELICAN BAY BLVD., SUITE 500**
CITY-ST-ZIP **NAPLES FL 34108**

TITLE **P/CEO/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **34108-2710**

TITLE **VTD** ☐ Delete
NAME **FARNHAM, ROBERT E**
STREET ADDRESS **5811 PELICAN BAY BLVD SUITE 500**
CITY-ST-ZIP **NAPLES FL 34108**

TITLE **SVP/T/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **34108-2710**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **EVP** ☐ Change ☒ Addition
NAME **Peter M. Lawson**
STREET ADDRESS **5811 Pelican Bay Blvd., Suite 500**
CITY-ST-ZIP **Naples, FL 34108-2710**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **EVP** ☐ Change ☒ Addition
NAME **Jon P. Vollmer**
STREET ADDRESS **5811 Pelican Bay Blvd., Suite 500**
CITY-ST-ZIP **Naples, FL 34108-2710**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Timothy R. Parry* **Timothy R. Parry**
Senior Vice President **03/21/03** **(239) 598-3176**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)