

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90222 013 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000020766

1. Corporation Name
HERNANDO HMA, INC.

Principal Place of Business
**5811 PELICAN BAY BLVD
STE 500
NAPLES FL 34108**

Mailing Address
**5811 PELICAN BAY BLVD
STE 500
NAPLES FL 34108**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1998

4. FEI Number

65-0832790

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**PARRY, TIMOTHY R
5811 PELICAN BAY BLVD
STE 500
NAPLES FL 34108**

81 Name **CT Corporation System**

82 Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Road

83

84 City **Plantation**

FL 85 Zip Code
33324

11. Pursuant to the provisions of Sections 607.0501 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

VICKY GOLDSTEIN
SPECIAL ASSISTANT SECRETARY

3/17/99

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

(NOT E-Registered Agent) (Not E-Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **SCHOEN, WILLIAM J**
CITY-STATE-ZIP **5811 PELICAN BAY BLVD, STE 500
NAPLES FL 34108**

1.1 TITLE **CD** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **RAY, STEPHEN M**
CITY-STATE-ZIP **5811 PELICAN BAY BLVD, STE 500
NAPLES FL 34108**

2.1 TITLE **VTD** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **PARRY, TIMOTHY R**
CITY-STATE-ZIP **5811 PELICAN BAY BLVD, STE 500
NAPLES FL 34108**

3.1 TITLE **SVD** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE **P** ☐ Change ☒ Addition
4.2 NAME **Joseph V. Vumbacco**
4.3 STREET ADDRESS **5811 Pelican Bay Blvd., Suite 500**
4.4 CITY-STATE-ZIP **Naples, FL 34108**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE **VC** ☐ Change ☒ Addition
5.2 NAME **Earl Holland**
5.3 STREET ADDRESS **5811 Pelican Bay Blvd., Suite 500**
5.4 CITY-STATE-ZIP **Naples, FL 34108**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP/Secretary

3-15-99

(941) 598-3176

Date

Daytime Phone #

CR2E034 (1/98)