

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-04-2003 90374 001 *2,161.25

DOCUMENT # P98000020766

1. Entity Name
HERNANDO HMA, INC.



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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
55 Ponce DeLeon Boulevard

Suite, Apt. #, etc.

City & State
Brooksville, FL

City & State

Zip
34601-3200

Country

Zip
34108-2710

Country

4. FEI Number **65-0832790**

Applied For
Not Applicable

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 SOUTH 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 NAME STREET ADDRESS CITY-ST-ZIP	SVD PARRY, TIMOTHY R 5811 PELICAN BAY BLVD, STE 500 NAPLES FL 34108 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VUMBACCO, JOSEPH V 5811 PELICAN BAY BLVD., SUITE 500 NAPLES FL 34108 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD FARNHAM, ROBERT E 5811 PELICAN BAY BLVD., SUITE 500 NAPLES FL 34108 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 34108-2710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/CEO/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 34108-2710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 34108-2710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Peter M. Lawson 5811 Pelican Bay Blvd., Suite 500 Naples, FL 34108-2710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jon P. Vollmer 5811 Pelican Bay Blvd., Suite 500 Naples, FL 34108-2710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* **SIGNATURE REQUIRED** **Timothy R. Parry**
Senior Vice President 3/21/03 (239) 598-3176

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)