

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 766884

**Entity Name:** PALM BAY HOSPITAL, INC.**Current Principal Place of Business:**6450 US HIGHWAY 1  
ROCKLEDGE, FL 32955**Current Mailing Address:**C/O CORPORATE LEGAL DEPARTMENT  
6450 US HIGHWAY 1  
ROCKLEDGE, FL 32955 US**FEI Number:** 59-2485595**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROMANELLO, NICHOLAS W ESQ.  
6450 US HIGHWAY 1  
ROCKLEDGE, FL 32955 US*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

**Officer/Director Detail :**

Title           TREASURER  
Name           PULIO, KRISTEN  
Address       6450 US HIGHWAY 1  
City-State-Zip: ROCKLEDGE FL 32955

Title           CEO  
Name           FORDE, TERRY  
Address       6450 US HIGHWAY 1  
City-State-Zip: ROCKLEDGE FL 32955

Title           DIRECTOR  
Name           GURRI, JOSEPH A. M.D.  
Address       6450 US HIGHWAY 1  
City-State-Zip: ROCKLEDGE FL 32955

Title           DIRECTOR, TREASURER  
Name           KILBORNE, DANA S.  
Address       6450 US HIGHWAY 1  
City-State-Zip: ROCKLEDGE FL 32955

Title           ASSISTANT SECRETARY  
Name           ROMANELLO, NICHOLAS W. ESQ.  
Address       C/O CORPORATE LEGAL  
DEPARTMENT  
6450 US HIGHWAY 1  
City-State-Zip: ROCKLEDGE FL 32955

Title           DIRECTOR  
Name           TRAN, ANTHONY M.D.  
Address       6450 US HIGHWAY 1  
City-State-Zip: ROCKLEDGE FL 32955

Title           DIRECTOR  
Name           HENRY, ROBERT K.  
Address       6450 US HIGHWAY 1  
City-State-Zip: ROCKLEDGE FL 32955

Title           DIRECTOR, CHAIRMAN  
Name           MIKUEN, SCOTT T.  
Address       6450 US HIGHWAY 1  
City-State-Zip: ROCKLEDGE FL 32955

**Continues on page 2**

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** NICHOLAS ROMANELLO**ASSISTANT SECRETARY   01/28/2025**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name RICHARDSON, THEODORE R. III  
Address 6450 US HIGHWAY 1  
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR, SECRETARY  
Name SMITH, T. KENT  
Address 6450 US HIGHWAY 1  
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR  
Name PATRICK, KIM K.  
Address 6450 US HIGHWAY 1  
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR, VC  
Name SHAW, JAMES C.  
Address 6450 US HIGHWAY 1  
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR  
Name BISHOP, LARRY S. M.D.  
Address 6450 US HIGHWAY 1  
City-State-Zip: ROCKLEDGE FL 32955