

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09584

Entity Name: HEALTH MANAGEMENT ASSOCIATES, INC. OF DELAWARE**Current Principal Place of Business:**4000 MERIDIAN BOULEVARD
FRANKLIN, TN 37067**Current Mailing Address:**4000 MERIDIAN BOULEVARD
FRANKLIN, TN 37067 US**FEI Number:** 61-0963645**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 PRESIDENT, DIRECTOR
Name CASH, W. LARRY
Address 4000 MERIDIAN BOULEVARD
City-State-Zip: FRANKLIN TN 37067

Title TREASURER, SVP
Name DOUCETTE, JAMES W
Address 4000 MERIDIAN BOULEVARD
City-State-Zip: FRANKLIN TN 37067

Title SVP
Name HAMMONS, KEVIN J.
Address 4000 MERIDIAN BOULEVARD
City-State-Zip: FRANKLIN TN 37067

Title SECRETARY, EVP, DIRECTOR
Name SEIFERT, RACHEL A
Address 4000 MERIDIAN BOULEVARD
City-State-Zip: FRANKLIN TN 37067

Title DIRECTOR, EVP
Name SCHWEINHART, MARTIN G
Address 4000 MERIDIAN BOULEVARD
City-State-Zip: FRANKLIN TN 37067

Title ASST. SECRETARY
Name COBB, CHRISTOPHER G.
Address 4000 MERIDIAN BOULEVARD
City-State-Zip: FRANKLIN TN 37067

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

SIGNATURE: RACHEL A SEIFERT**SECRETARY****06/09/2015**

Electronic Signature of Signing Officer/Director Detail

Date