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# COMMONWEALTH OF KENTUCKY TREY GRAYSON, SECRETARY OF STATE ANNUAL REPORT DUE JUNE 30, 2007



ORGANIZATION ID #

0082579

STATE OR COUNTRY OF INCORPORATION

KY

ORGANIZATION DATE

09/08/1977

(3) THE PRINCIPAL OFFICE ADDRESS TO HEREBY CHANGED TO

FILING

\$15.00

ſ	1)	EXACT	CORPORAT	TE NAME A	AND CURRENT	PRINCIPAL	OFFICE .	<b>ADDRFSS</b>
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RECEIVED

HOSPITAL MANAGEMENT ASSOCIATES, INC. 5811 PELICAN BAY BLVD., STE 500 NAPLES. FL 34108-2710

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SECRETARY OF STATE

2) CURRENT REGISTERED AGENT AND REGISTERED OFFICE ADDRESS  Changes made to the registered agent or registered office cannot be made on this form Complete (4) to request a form to be mailed or download form from web site.	n.
C. T. CORP. SYS. KY. HOME LIFE BLDG., RM. 1102 LOUISVILLE, KY 40202	(4) MAIL A STATEMENT OF CHANGE OF AGENT OR OFFICE TO

(5) PRINCIPAL OFFICERS If (5) is blank, type or print the names and business addresses of the current principal officers. If sole officer, please note. The annual report will be returned if business addresses are not listed. If the corporation has previously filed an annual report, verify the names and titles of officers listed below. Please note any additions to or changes in the principal officers and give the business address for each person listed.

Secretary	Timothy R Parry		SEE ATTACHED
President	James Barber		Address
Treasurer	MARTIN-EGUTKIN	Gary S. Bryant	Address
			Address
			Address
			Address

(6) DIRECTORS Type or print the names and business addresses of the corporation's directors. No listing of directors is verification that the corporation has dispensed with directors (KRS 271B.8-010(3)). Nonprofit corporations must list three (3) or more directors (KRS 273.211). The annual report will be returned if business addresses are not listed.

Timothy R Parry	SEE ATTACHED
Name James Barber	Address
Name KATHLEEN K HOLLOWAY	Address
Name	Address
Name	Address

(7) Check here if you are a cooperative corporation or association organized under KRS 272. Check here if you are a rural electric or rural telephone cooperative corporation organized under KRS 279.

I VERIFY THAT THE INFORMATION IN THIS ANNUAL REPORT IS CURRENT AS OF THE DATE THIS REPORT IS EXECUTED.

Signature of Officer or Chairman of the Board

Timothy R. Parry
Type or Print Name

Sr VP and Secretary

3 26 07

#### ANNUAL REPORT AND FILING FEE

Submit for filing the completed annual report form and correct filing fee as indicated above. Make check payable to the "Kentucky State Treasurer". Please do not send cash.

#### MAILING ADDRESS

Trey Grayson Secretary of State P O Box 1150 Frankfort, KY 40602-1150

#### OFFICE LOCATION

Secretary of State State Capitol, Room 154 700 Capital Avenue Frankfort, KY 40601

(502)-564-2848

NOTE: P O Box 1150 is for annual report filings only.

## HOSPITAL MANAGEMENT ASSOCIATES, INC.

#### **ORGANIZATION ID# 0082579**

### Officers and Directors

Officers:

James A. Barber, President 5811 Pelican Bay Boulevard, Suite 500 Naples, FL 34108

Gary S. Bryant, Treasurer 5811 Pelican Bay Boulevard, Suite 500 Naples, FL 34108

Timothy R. Parry, Senior V.P & Secretary 5811 Pelican Bay Boulevard Suite 500 Naples, FL 34108

Stephen L. Midkiff, Vice President 13695 US Highway 1 Sebastian, FL 32958

Page H. Vaughan, Vice President 1304 W. Bobo Newsome Highway Hartsville, SC 29550

James Dale Armour, Vice President P.O. Box 321420 Flowood, MS 39232

Ann M. Barnhart, Vice President 40100 US Highway 27 Davenport, FL 33837

Joshua S. Putter, Vice President 2500 Harbor Boulevard Port Charlotte, FL 33952

Kathleen K. Holloway, Assistant Secretary 5811 Pelican Bay Boulevard Suite 500 Naples, FL 34108 Directors:

James A. Barber 5811 Pelican Bay Boulevard, Suite 500 Naples, FL 34108

Timothy R. Parry 5811 Pelican Bay Boulevard, Suite 500 Naples, FL 34108

Kathleen K. Holloway 5811 Pelican Bay Boulevard, Suite 500 Naples, FL 34108