A1300000018

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
_			
W12-103861			

Office Use Only



900240659569

01/08/13--01007--002 **142.00

12/31/12--01001--007 **1000.00

12/31/12--01001--006 **35.00

12 DEC 28 PM 1: 38

2019 JAN -7 AN ID: 13
SECRETARY OF STATE

N. Culligan JAN - 8 2013



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 4, 2013

CT CORPORATION CONNIE BRYAN

SUBJECT: HEALTH MANAGEMENT SERVICES OF FLORIDA, LP

Ref. Number: W12000063861

We have received your document for HEALTH MANAGEMENT SERVICES OF FLORIDA, LP and your check(s) totaling \$1035.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please verify the filing fee. Have 1035.00 from first filing then a check for \$50.00 so I am not sure what certification is wanted.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 412A00030597

Danney



CT Corporation

515 East Park Avenue Tallahassee, FL 32301 850 222 1092 tel 850 222 7615 fax www.ctcorporation.com

January 4, 2013

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Please give To Naysa Culligan.

Re:

Order #: 8643539 SO

Customer Reference 1: None Given Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Health Management Services of Florida, Inc. (FL) Conversion Florida

Health Management General Partner, LLC (DE) Registration Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Kenny Metayer Fulfillment Specialist - Contractor kenny.metayer@wolterskluwer.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hospital Management Services of Florida, LP

Name of Resulting Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Conversion, Certificate of Limited Partnership, and fees are submitted to convert an "Other Organization" into a Florida Limited Partnership or Limited Liability Limited Partnership in accordance with s. 620.2104, F.S.

Please return all correspondence concerning this matter to:

Peggy O'Neil				
	Contact Person			
Health Management Asso	ciates, Inc.	•		
	Firm/Company			
5811 Pelican Bay Blvd., S	Suite 500			
	Address			
Naples, FL 34108				
Ci	ty, State and Zip Code			
peggy.oncil@hma.com				
E-mail address: (to b	e used for future annual rep	oort notification)		
For further information	on concerning this mat	ter, please call:		
Betsy Stehler		at (585	231-1	413
Name of Cor	ntact Person	Area Code and	d Dayti	me Telephone Number
Enclosed is a check for	or the following amour	nt:		
\$1,052.50 Filing Fees (\$52.50 for Conversion and \$1,000 - Certificate)	\$1,061.25 Filing Pees and Certificate of Status	\$1,105.00 Filin and Certified Copy	_	□ \$1,113.75 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

FILED

2013 JAN -7 AM IC: 13

Certificate of Conversion For "Other Business Organization" Into

SECRETARY OF STATE! TALLAHASSEE, FLORIDA

Florida Limited Partnership or Limited Liability Limited Partnership

This Certificate of Conversion and attached Certificate of Limited Partnership are submitted to convert the following "Other Business Entity" into a Florida Limited Partnership or Limited Liability Limited Partnership in accordance with s.620.2104, Florida Statutes.

1 to low Statutes.
1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
Hospital Management Services of Florida, Inc. PO7-111412
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a corporation (Enter entity type. Example: corporation, limited liability company, sole proprietorship, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of Florida
(Enter state, or if a non-U.S. entity, the name of the country)
on 10/09/2007
(Enter date "Other Business Entity" was first organized, formed or incorporated)
3. The name of the Florida Limited Partnership or Limited Liability Limited Partnership as set forth in the attached Certificate of Limited Partnership:
Hospital Management Services of Florida, LP
(Enter Name of Florida Limited Partnership or Limited Liability Limited Partnership)
4. The conversion was approved as required by Chapter 620, F.S., and was approved in such a manner that complied with the converting organization's governing law.
5. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Certificate of Limited Partnership, if an effective date is listed therein.)
6. The conversion is permitted by the applicable law(s) governing the other business entity and the other business entity complies with such law(s) in effecting the conversion.

Page 1 of 2

7. The "Other Business Entity" currently exists on the official records of the jurisdiction

under which it is currently organized, formed or incorporated.

Signed this 28th day of December	. 20_12
Signature of Each General Partner Listed In Att Partnership/Limited Liability Limited Partnersh that the facts stated in this document are true. Any idegree felony as provided for in s.817.155, F.S.	up: Individual(s) signing affirm(s)
Signature: Printed Namer Health Management General Partner, LLC	Title: Kathleen K. Holloway, Asst. Secretary
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:	Title:
Signature: Printed Name:	Title:
Required Signature(s) on behalf of Other Business that the facts stated in this document are true. Any find degree felony as provided for in s.817.155, F.S. [See Signature:	alse information constitutes a third
Printed Name: Kathleen Refolloway If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or O If Directors or Officers have not been selected, an Inco- If Florida General Partnership or Limited Liability Signature of one General Partner.	fficer. rporator must sign.
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	
All others: Signature of an authorized person.	
Certificate of Conversion; Fees for Florida Certificate of Limited Partners (\$965 Filing Fee and \$35 Filing Fee) Certified Copy; Certificate of Status;	\$ 52.50 hip: \$1,000.00 \$ 52.50 (Optional) \$ 8.75 (Optional)

Page 2 of 2

CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

(Name of Limited Partnership or Limited Liability Limited Partnership, Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability or LLLP.	., LP, or Ltd.
2.5811 Pelican Bay Blvd., Suite 500	
Street address of initial designated office	
Naples, FL 34108	· · · · · · · · · · · · · · · · · · ·
3. CT Corporation System	
Name of Registered Agent for Service of Proce	ess
4. 1200 S. Pine Island Road	
Florida street address for Registered Agent	
Plantation, FL 33324	
5. I hereby accept the appointment as registered agent and agree to act in t comply with the provisions of all statutes relative to the proper and complete and I am familiar with an accept the obligations of my position as registered	performance of my duties,
Maria & Shambers	Maria T. Chambers
Signature of Registered Agent	Special Assistant Secretar
6. 5811 Pelican Bay Blvd., Suite 500	
Mailing address of initial designated office	

Page 1 of 2

2013	
JAN	-
-7	r
A	Ċ
ੜ	
သ	

8. Name and business address of each gen Name:	eral partner: Business Address:
Health Management General Partner, LLC	5811 Pelican Bay Blvd., Suite 500
M13-117	Naples, FL 34108
	•
9. Effective date, if other than the date of filing:	
(Effective date cannot be prior to nor more filed by the Florida Department of State.)	than 90 days after the date the document is
Signed this 28 th day of Nec	cember 2012
Signature of each general partner: Individual this document are true. Any false information provided for in s.817.155, F.S. Health Management General Part	
y: C	
Kathleen K Holloway Asst Sta	.t

Page 2 of 2