

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
 Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (850) 222-1092
 Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION
HOSPITAL MANAGEMENT SERVICES OF FLORIDA, LP

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$52.50

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 13 MAR 27 AM 10:19
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3/14/2013

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : PCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5358

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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TIME : 03/14/2013 13:19
NAME : CT CORPORATION
FAX : 8656336092
TEL : 86534423522
SER.# : BROK9J985188

TRANSMISSION VERIFICATION REPORT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hospital Management Services of Florida, LP
Name of Limited Partnership or Limited Liability Limited Partnership

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Peggy O'Neil
Contact Person

Health Management Associates, Inc.
Firm/Company

5811 Pelican Bay Blvd., Suite 500
Address

Naples, Florida 34108
City, State and Zip Code

peggy.oneil@hma.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Betsy Stehler at (585) 231-1413
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$52.50 Filing Fee ☐ \$61.25 Filing Fee and Certificate of Status ☐ \$105.00 Filing Fee and Certified Copy ☐ \$113.75 Filing Fee, 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

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TALLAHASSEE, FLORIDA

STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP

Hospital Management Services of Florida, LP

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1207, Florida Statutes, this limited partnership or limited liability limited partnership submits the following certificate of correction.

FIRST: The reason for filing this certificate of correction is:

- ☒ The record contained false or erroneous information.
☒ The record was defectively signed.

SECOND: This statement corrects Certificate of Conversion and Certificate of Limited Partnership

Specify document type being corrected

filed with the Florida Department of State on January 7, 2013

Insert date document filed with Dept. of State

THIRD: The false or erroneous information or defect is as follows:

- (a) The Certificate of Conversion for Hospital Management Services of Florida, LP listed "Health Management General Partner, LLC" as the general partner on page 2, instead of HMA Services GP, LLC, which is the correct general partner of Hospital Management Services of Florida, LP.
- (b) The Certificate of Conversion for Hospital Management Services of Florida, LP was executed by "Health Management General Partner, LLC" on page 2, instead of HMA Services GP, LLC, which is the correct general partner of Hospital Management Services of Florida, LP.
- (c) Section 8 of the Certificate of Limited Partnership for Hospital Management Services of Florida, LP filed along with the Certificate of Conversion, listed "Health Management General Partner, LLC" as the general partner instead of HMA Services GP, LLC, which is the correct general partner of Hospital Management Services of Florida, LP.
- (d) Section 9 of the Certificate of Limited Partnership for Hospital Management Services of Florida, LP filed along with the Certificate of Conversion, was executed by "Health Management General Partner, LLC," instead of HMA Services GP, LLC, which is the correct general partner of Hospital Management Services of Florida, LP.

FOURTH: The false or erroneous information or defect is corrected as follows:

- (a) The Certificate of Conversion shall be deemed to list HMA Services GP, LLC, as the general partner for Hospital Management Services of Florida, LP on page 2.
- (b) The Certificate of Conversion shall be deemed executed by HMA Services GP, LLC, as the general partner for Hospital Management Services of Florida, LP on page 2.
- (c) Section 8 of the Certificate of Limited Partnership shall be deemed to list HMA Services GP, LLC as the sole general partner for Hospital Management Services of Florida, LP, with its primary address being 5811 Pelican Bay Blvd, Suite 500, Naples Florida 34108.
- (d) Section 9 of the Certificate of Limited Partnership shall be deemed executed by HMA Services GP, LLC.

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Signature of a general partner*:

(*Note: If adding or deleting an election to be a limited liability limited partnership statement, all general partners must sign. If adding additional general partner(s), the new general partner(s) must sign).

HMA Services GP, LLC

By:

Name: Kathleen K. Holloway

Title: Assistant Secretary

Signature(s) of new general partner(s), if any:

Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75