

# A130000000018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

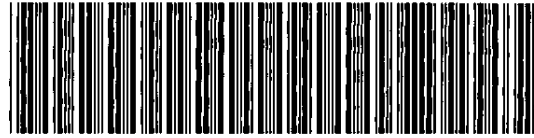
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

WB-63801

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

RECEIVED  
12 DEC 28 PM 1:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
2013 JAN - 7 AM 10:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

*Kennedy*



**Wolters Kluwer**  
Corporate Legal Services

**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

RECEIVED  
DEPARTMENT OF STATE  
13 JAN - 4 PM 1:49

**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 Associates, Inc.  
Firm/Company  
5811 Pelican Bay Blvd., Suite 500  
Address  
Naples, FL 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:

\$1,052.50 Filing Fees  \$1,061.25 Filing Fees  \$1,105.00 Filing Fees  \$1,113.75 Filing Fees,  
(\$52.50 for Conversion and Certificate of Status and Certified Copy and Certificate of Status Certified Copy, and  
and \$1,000 - Certificate) Status and Certified Copy 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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2013 JAN -7 AM 10:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Certificate of Conversion**  
For  
**"Other Business Organization"**  
Into

**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. 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.

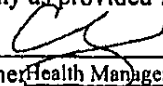
5. If not effective on the date of filing, enter the effective date: \_\_\_\_\_  
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Certificate 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.

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, 2012.

**Signature of Each General Partner Listed in Attached Certificate of Limited Partnership/Limited Liability Limited Partnership:** Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S.

Signature:   
Printed Name: Health Management General Partner, LLC Title: Kathleen K. Holloway, Asst. Secretary

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Required Signature(s) on behalf of Other Business Entity:** Individual signing affirms that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S. [See below for required signature(s).]

Signature:   
Printed Name: Kathleen K. Holloway Title: Assistant Secretary

**If Florida Corporation:**

Signature of Chairman, Vice Chairman, Director, or Officer.  
If Directors or Officers have not been selected, an Incorporator must sign.

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Liability Company:**

Signature of a Member or Authorized Representative.

**All others:**

Signature of an authorized person.

**Fees:**

Certificate of Conversion:	\$ 52.50
Fees for Florida Certificate of Limited Partnership: ((\$965 Filing Fee and \$35 Filing Fee)	\$1,000.00
Certified Copy:	\$ 52.50 (Optional)
Certificate of Status:	\$ 8.75 (Optional)

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

1. Hospital Management Services of Florida, LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)  
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.  
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.  
or LLLP.

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 Process

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 this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
Signature of Registered Agent

**Maria T. Chambers  
Special Assistant Secretary**

6. 5811 Pelican Bay Blvd., Suite 500  
Mailing address of initial designated office

Naples, FL 34108

7. If limited partnership elects to be a limited liability limited partnership, check box .

8. Name and business address of each general partner:

Name:

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 than 90 days after the date the document is filed by the Florida Department of State.)*

Signed this 28<sup>th</sup> day of December, 2012.

Signature of each general partner: Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S.

Health Management General Partner, LLC

By: \_\_\_\_\_

Kathleen K Holloway, Asst Secy

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 JAN - 7 AM 10:13

FILED