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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

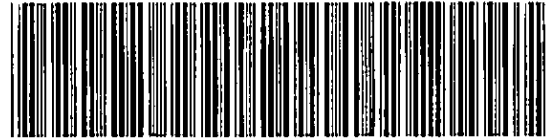
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
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DEC 17 2021

M. SOLOMON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Health Management Associates Superholdings, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Lisa Higgins

Name of Person

Health Management Associates Superholdings, Inc.

Firm/Company

120 N Washington Sq, STE 705

Address

Lansing, MI 48933

City/State and Zip code

govnotification@healthmanagement.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Higgins

at ( 517 ) 482-9236

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☒ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

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DIVISION OF CORPORATIONS

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# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Health Management Associates Superholdings, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 9/22/2021 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 120 N Washington SQ, STE 705, Lansing, MI 48933  
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporate Service Corporation  
Office Address: 1201 Hays Street  
Tallahassee, Florida 32301  
(City) (Zip code)

## 9. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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.*

Solyman Washington  
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

SECRETARY OF STATE  
ADJ. CLERK OF COURTS

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## A. DIRECTORS

☒ Chairman Name: Jay Rosen

☐ Vice Chairman Address: 120 N Washington Sq, STE 705

☐ Director Lansing, MI 48933

☒ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☒ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Bruce Gould

☐ Vice Chairman Address: 120 N Washington Sq, STE 705

☐ Director Lansing, MI 48933

☐ President \_\_\_\_\_

☒ Vice President \_\_\_\_\_

☒ Secretary ☐ Treasurer

☒ Other CFO ☐ Other \_\_\_\_\_

☐ Chairman Name: Doug Elwell

☐ Vice Chairman Address: \_\_\_\_\_

☒ Director 120 N Washington SQ, STE 705

☐ President Lansing, MI 48933

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☒ Other CEO ☐ Other \_\_\_\_\_

☐ Chairman Name: Julia Lambert

☐ Vice Chairman Address: \_\_\_\_\_

☒ Director 120 N Washington SQ, STE 705

☐ President Lansing, MI, 48933

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Grant Patrick

☐ Vice Chairman Address: \_\_\_\_\_

☒ Director 120 N Washington SQ, STE 705

☐ President Lansing, MI 48933

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Tim Sheehan

☐ Vice Chairman Address: \_\_\_\_\_

☒ Director 120 N Washington SQ, STE 705

☐ President Lansing, MI 48933

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. Bruce Gould  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Bruce Gould Vice President, Secretary and Chief Financial Officer  
(Typed or printed name and capacity of person signing application)

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DEPARTMENT OF STATE  
OFFICE OF THE SECRETARY  
TALLAHASSEE, FLORIDA

CD

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEALTH MANAGEMENT ASSOCIATES SUPERHOLDINGS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.



6253590 8300

SR# 20213316547

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204224058

Date: 09-22-21