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* (Re	questor's Name)			
•	,			
(Address)				
(Ad	dress)			
	101 1 61 101			
(Ci	:y/State/Zip/Phone #	!)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Name	e)		
(Do	cument Number)			
(==				
Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			

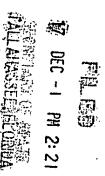
Office Use Only



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DEC 04 2017 S. YOUNG





CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscglobal.com

Date: November 29, 2017

Order#: 931724-009

Re: HEALTH MANAGEMENT ASSOCIATES, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Mary Rivers

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.05 inge is submitted for a corporation orga r to change its registered office or regis	mized under the la	ws of the State o	MICHIGAN
1. The name of t	he corporation: HEALTH MANAGEME	NT ASSOCIATES	, INC.	
2. The principal	office address: 120 N. WASHINGTON	SQUARE, SUITE	705, LANSING,	MI 48933
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 06/16/1999	Document	number: F9900	0003085
	I street address of the current registered tment of State: (If resigned, enter resign		ed office on file	with the
	GOULD, BRUCE			_
	301 S BRONOUGH ST STE 500			_
	TALLAHASSEE	FL	32301	
6. The name and (if changed):	Street address of the new registered ag	ent (if changed) an	nd /or registered (FE -1
	1201 Hays Street		· · · · · · · · · · · · · · · · · · ·	
	P.O. Box NC	Tacceptable FL	32301	2: 21
The street addre	ess of its registered office and the stree be identical.	t address of the bu	isiness office of	its registered agent,
	as authorized by resolution duly adopte the board, or the corporation has been n	ed by its board of o	directors or by a of the change.	n officer so
Xie	e E. agnie	JILL CILMI, VICE PRESIDENT		
I hereby accept I further agree to performance of agent. Or, if this hereby confirm Corporatio By:	the appointment as registered agent as to comply with the provisions of all stammy duties, and I am familiar with and is document is being filed merely to repthat the corporation has been notified n Service Company	nd agree to act in tutes relative to th accept the obligat flect a change in t	ne proper and co tion of my positi he registered off change.	omplete on as registered
_	nature of Registered Agent half of an entity:		Date	
	BY, ASSIST. VICE PRESIDENT			

* * * FILING FEE: \$35.00 * * *

Typed or Printed Name