

L08000 107918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

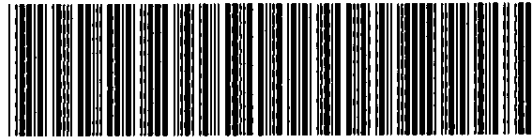
(Business Entity Name)

(Document Number)

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

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**FILED**  
**Nov 20, 2008 08:00 AM**  
**Secretary of State**

**B. KOHR**

NOV 21 2008

**EXAMINER**



CT  
a Wolters Kluwer business

CT  
1203 Governors Square Blvd.  
Suite 101  
Tallahassee, FL 32301-2960

850 222 1092 tel  
850 222 7615 fax  
www.ctlegalsolutions.com

November 20, 2008

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

Re: Order #: 7418505 SO  
Customer Reference 1: None Given  
Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Santa Rosa HMA Physician Management, Inc. (FL)  
Conversion  
Florida

Santa Rosa HMA Physician Management, LLC (FL)  
Formation  
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,

Christina McNeair  
CL Operations Specialist  
Christina.McNeair@wolterskluwer.com

November 20, 2008

CT

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

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**Secretary of State**

**Certificate of Conversion**  
**For**  
**"Other Business Entity"**  
**Into**  
**Florida Limited Liability Company**

This Certificate of Conversion and attached Articles of Organization are submitted to convert the following "**Other Business Entity**" into a **Florida limited liability company** in accordance with s.608.439, Florida Statutes.

**Section 1. The Name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:**

P050000 61025

\_\_\_\_\_  
Santa Rosa HMA Physician Management, Inc.

**Section 2. The "Other Business Entity" is a corporation, first incorporated under the laws of the State of Florida on April 25, 2005.**

**Section 3. The name of the Florida limited liability company as set forth in the attached Articles of Organization:**

\_\_\_\_\_  
Santa Rosa HMA Physician Management, LLC

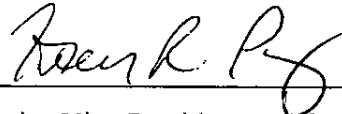
**Section 4. This conversion shall be effective on the date this document is filed by the Florida Department of State.**

Signed this 19<sup>th</sup> day of November, 2008.

**Signature of Member or Authorized Representative of limited liability company:**

Health Management Associates, Inc.  
Member

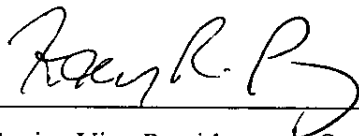
By: \_\_\_\_\_



Printed Name: Timothy R. Parry

Title: Senior Vice President and Secretary

**Signature on behalf of Other Business Entity:**



Printed Name: Timothy R. Parry

Title: Senior Vice President and Secretary

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**FILED**  
**Nov 20, 2008 08:00 AM**  
**Secretary of State**

**ARTICLE I: name:**

The name of the limited liability company is:

Santa Rosa HMA Physician Management, LLC

**ARTICLE II: address:**

The mailing address and street address of the principal office of the limited liability company is:

**Principal Office Address:**

5811 Pelican Bay Blvd., Suite 500  
Naples, FL 34108

**Mailing Address:**

5811 Pelican Bay Blvd., Suite 500  
Naples, FL 34108

**ARTICLE III: Registered Agent, Registered Office & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

CT Corporation System

1200 South Pine Island Road

Plantation, FL 33324

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*

CT Corporation System

Connie Bryan  
Registered Agent's Signature (REQUIRED)

**CONNIE BRYAN**  
**SPECIAL ASSISTANT SECRETARY**

**ARTICLE IV: Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

“MGR” = Manager

“MGRM” = Managing Member

**Name and Address:**

MGRM

Health Management Associates, Inc.

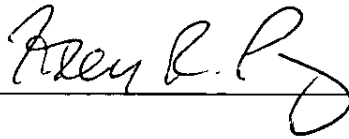
5811 Pelican Bay Blvd., Suite 500

Naples, FL 34108

**ARTICLE V:** Effective on the date this document is filed by the Florida Department of State.

**REQUIRED SIGNATURE:**

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



(In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Timothy R. Parry, Senior Vice President of Health Management Associates, Inc., Sole Member