

L08000107928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

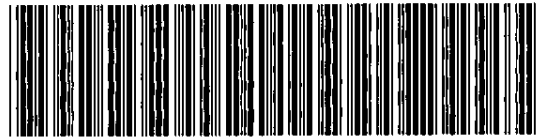
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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08 NOV 20 PM 4:45

B. KOHR

NOV 21 2008

EXAMINER



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

FILED
08 NOV 20 PM 4:45
TALLAHASSEE, FLORIDA

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

Dear Department of State, Florida:

Please obtain the following:

Lehigh HMA Physician Management, Inc (FL)
Conversion
Florida

Lehigh 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

CT

November 20, 2008

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TALLAHASSEE, FLORIDA

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

Re: Order #: 7418505 SO
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TALLAHASSEE, FLORIDA

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:

Lehigh HMA Physician Management, Inc.

PU#000172987

Section 2. The "Other Business Entity" is a corporation, first incorporated under the laws of the State of Florida on December 29, 2004.

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

Lehigh 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 19th day of November, 2008.

Signature of Member or Authorized Representative of limited liability company:

Health Management Associates, Inc.
Member

By: Timothy R. Parry

Printed Name: Timothy R. Parry

Title: Senior Vice President and Secretary

Signature on behalf of Other Business Entity:

Timothy R. Parry

Printed Name: Timothy R. Parry

Title: Senior Vice President and Secretary

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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NOV 20 PM 4:45
TALLAHASSEE, FLORIDA

ARTICLE I: name:

The name of the limited liability company is:

Lehigh 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:

Mailing Address:

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

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