L08000108771

(Re	equestor's Name)	,	
(Address)			
(Ad	ddress)		
(Ci	ity/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



600138120236

11/25/08--01002--006 **125.00

11/25/08--01002--007 **25.00

DENOV 24 PH 3: 2

B. KOHR

NOV 2 5 2008

EXAMINER

B NOV 24 AM 9: 15



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

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

November 24, 2008

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301 OB MOUNT IN 9: 15

Re: Order #: 7420733 SO

Customer Reference 1: None Given Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Sebastian HMA Physician Management, Inc. (FL) Conversion Florida

Sebastian 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

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.

with s.608.439, Florida Statutes.		
Section 1. this Certifica	The Name of the "Oth ate of Conversion is:	er Business Entity" immediately prior to the filing of
	Sebastian HMA Ph	ysician Management, Inc.
Section 2. laws of the S	The "Other Business E tate of Florida on July 2	Entity" is a corporation, first incorporated under the 6, 2006.
Section 3. Articles of O	The name of the Floric Organization:	la limited liability company as set forth in the attached
	Sebastian HMA Ph	ysician Management, LLC
Section 4. Florida Depa	This conversion shall bartment of State.	e effective on the date this document is filed by the
Signed this _	20Tr day of Novem	ber, 2008.
Signature of	Member or Authorized	Representative of limited liability company: Health Management Associates, Inc. Member
		By: Deer L.PS
Printed Name	: Timothy R. Parry	Title: Senior Vice President and Secretary
<u>Signature on</u>	behalf of Other Busines	S Entity: Fran L.P.
Printed Name	: Timothy R. Parry	Title: Senior Vice President and Secretary

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

0

ARTICLE I: name: The name of the limited liability company is: Sebastian HMA Physician Management, LLC				
The name of the limited liability company is:)			
Sebastian HMA Physician Management, LLC				
Control of the contro				
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 5005811 Pelican Bay Blvd., Suite 500Naples, FL 34108Naples, 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

Registered Agent's Signature (REQUIRED)

SPECIAL ASSISTANT SECRETARY

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

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

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	,
MGRM	Health Management Associates, Inc.
	5811 Pelican Bay Blvd., Suite 500
ř	Nonlag EL 24100

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

REQUIRED SIGNATURE:

By: Why ICP

(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