

LU8000108808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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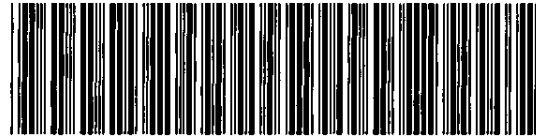
(Business Entity Name)

(Document Number)

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

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08 NOV 24 PM 3:15  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

B. KOHR  
NOV 25 2008  
EXAMINER

FILED  
03 NOV 24 AM 9:15  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

November 24, 2008

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

Re: Order #: 7420733 SO  
Customer Reference 1: None Given  
Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

NORTH PORT HMA, INC. (FL)  
Conversion  
Florida

North Port HMA, 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

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08 NOV 24 AM 9:15  
TALLAHASSEE, FLORIDA

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

FILED  
08 NOV 26 AM 9:15  
TALLAHASSEE, FLORIDA  
STATE DEPT. OF STATE

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:**

\_\_\_\_\_  
North Port HMA, Inc.

P04000034140

**Section 2. The "Other Business Entity" is a corporation, first incorporated under the laws of the State of Florida on February 20, 2004.**

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

\_\_\_\_\_  
North Port HMA, LLC

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

Signed this 21<sup>st</sup> 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**

**ARTICLE I: name:**

The name of the limited liability company is:

North Port HMA, 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

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08 NOV 24 AM 9:15  
TALLAHASSEE, FLORIDA

**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.

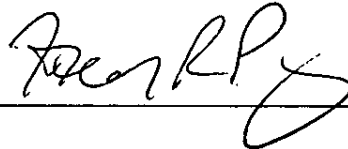
5811 Pelican Bay Blvd., Suite 500

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