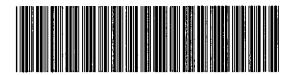
## L08000110463

(Re	questor's Name)	
(Address)		
(Address)		
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



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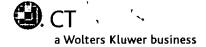
12/02/08--01005--022 \*\*125.00

12/02/08--01005--023 \*\*25.00



B. KOHR
DEC - 2 2008
EXAMINER





CT 1203 Governors Square Blvd. Suite 101 Tallahassee, FL 32301-2960 850 222 1092 tel 850 222 7615 fax www.ctlegalsolutions.com

December 2, 2008

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



Re: Order #: 7428238 SO

Customer Reference 1: FL Conversion/Formations

Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Marathon H.M.A., Inc. (FL) Conversion Florida

Marathon H.M.A., 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.

	J2993
1. The Name of the "Other Business Enti- Conversion is:	ity" immediately prior to the filing of this Certificate of
	Marathon H.M.A., Inc.
2. The "Other Business Entity" is a corporation on July 1, 1986.	pration, first incorporated under the laws of the State of
3. The name of the Florida limited liabili Organization:	ty company as set forth in the attached Articles of
Mar	athon H.M.A., LLC
4. This conversion shall be effective on the Department of State.  Signed this day of DECEMBE	he date this document is filed by the Florida
Signature of Member or Authorized Re	epresentative 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 I	Entity: Roundle
Printed Name: Timothy R. Parry	Title: Senior Vice President and Secretary

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Marathon H.M.A., LLC		
	The state of the s	
ARTICLE II: address:		
	of the principal office of the limited liability company is:	
The maining address and street address	of the principal office of the fillified flatinty company is.	
Principal Office Address:	Mailing Address:	
5811 Pelican Bay Blvd., Suite 500	5811 Pelican Bay Blvd., Suite 500	
Naples, FL 34108	Naples, FL 34108	
Naples, FL 34108	-	
•	Naples, FL 34108	
•	-	
ARTICLE III: Registered Agent, Re	Naples, FL 34108  gistered Office & Registered Agent's Signature:	
•	Naples, FL 34108  gistered Office & Registered Agent's Signature:	
ARTICLE III: Registered Agent, Re	Naples, FL 34108  gistered Office & Registered Agent's Signature:	
ARTICLE III: Registered Agent, Re	Naples, FL 34108  gistered Office & Registered Agent's Signature:	
ARTICLE III: Registered Agent, Re	Naples, FL 34108  gistered Office & Registered Agent's Signature:	
ARTICLE III: Registered Agent, Re	Naples, FL 34108  gistered Office & Registered Agent's Signature:  of the registered agent are:  CT Corporation System	

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.

Assistant Secretary
Registered Agent's Signature (REQUIRED)

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	
MGR	Hospital 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: Den RP

(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 Hospital Management Associates, Inc., Manager