

LU8000110469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

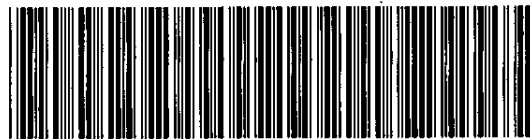
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08 DEC - 2 AM 11:14

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

08 DEC - 2 PM 2:45

DEPT. OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

DEC - 2 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

December 2, 2008

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

FILED
08 DEC -2 PM 2:45
TALLAHASSEE, FLORIDA

Re: Order #: 7428238 SO
Customer Reference 1: FL Conversion/Formations
Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Oviedo HMA, Inc. (FL)
Conversion
Florida

Oviedo 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

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

FILED
08 DEC -2 PM 2:45
TALLAHASSEE, FLORIDA

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.

P04000121063

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

Oviedo HMA, Inc.

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

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

Oviedo HMA, LLC

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

Signed this 1st day of December, 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
Title: Senior Vice President and Secretary

Printed Name: Timothy R. Parry

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I: name:

The name of the limited liability company is:

Oviedo 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

Chris McNear
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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

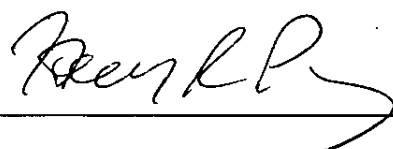
Name and Address:

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: _____

(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