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(Business Entity Name)

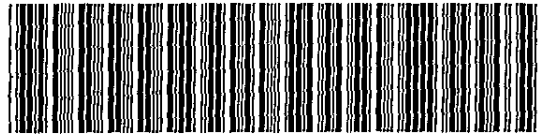
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2004 OCT 20 PM 2:08
CLERK OF STATE
TALLAHASSEE FLORIDA

10/28/04

TRANSMITTAL LETTER

FILED

2004 OCT 20 PM 2: 08

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SECRETARY OF STATE
TALLAHASSEE FLORIDA

SUBJECT: Bartow HMA, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Health Management Associates, Inc. - Peggy O'Neil
Name (Printed or typed)

5811 Pelican Bay Boulevard, Suite 500
Address

Naples, FL 34108
City, State & Zip

239-598-3131
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

FILED

2004 OCT 20 PM 2:08

DEPT OF STATE
TALLAHASSEE FLORIDA

October 20, 2004

HEALTH MANAGEMENT ASSOCIATES INC.
ATTN: PEGGY O'NEIL
5811 PELICAN BAY BLVD. #500
NAPLES, FL 34108

SUBJECT: BARTOW HMA, INC.
Ref. Number: W04000038483

We have received your document for BARTOW HMA, INC. and your check(s) totaling \$280.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

An effective date may be added to the Articles of Incorporation if a 2005 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Document Specialist
New Filings Section

Letter Number: 604A00060144

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Bartow HMA, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5811 Pelican Bay Boulevard, Suite 500
Naples, FL 34108

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any and all lawful business for which corporations may be incorporated

ARTICLE IV SHARES

The number of shares of stock is:

10,000 no par

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Timothy R. Parry, Sr. V.P, Secretary. and Director, 5811 Pelican Bay Boulevard, Suite 500, Naples, FL 34108
Stephen L. Midkiff, V.P and Director, 5811 Pelican Bay Boulevard, Suite 500, Naples, FL 34108
Ann M. Barnhart, Pres & CEO and Director, 40100 US Highway 27, Davenport, FL 33837
John A. Milazzo, III, Treasurer, 40100 US Highway 27, Davenport, FL 33837

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

C T Corporation System, 1200 South Pine Island Road, Plantation, Florida 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Timothy R. Parry
5811 Pelican Bay Boulevard, Suite 500
Naples, FL 34108

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

BABARA A. BURKE
SPECIAL ASSISTANT SECRETARY

Barbara A Burke
Signature/Registered Agent

10-26-04
Date

Timothy R. Parry
Signature/Incorporator

10-11-04
Date