

PO4000148422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

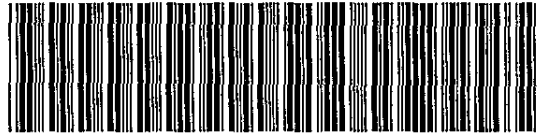
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W04-38482



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10/19/04--01022--004 \*\*280.00

FILED  
2004 OCT 20 PM 2:15  
TALLAHASSEE FLORIDA

10/28/04

HEALTH MANAGEMENT ASSOCIATES, INC.  
5811 Pelican Bay Boulevard, Suite 500  
Naples, Florida 34108-2710  
239/598-3131

FILED

2004 OCT 20 PM 2:15

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

October 18, 2004

Via UPS Overnight

Florida Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**Re: Articles of Incorporation:**  
**Venice HMA, Inc.**  
**Port Charlotte HMA, Inc.**  
**Bartow HMA, Inc.**  
**Gulf Coast HMA Physician Management, Inc.**

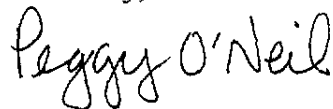
Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation for the above corporations. Also enclosed is our check in the amount of \$270.00 for the filing fee.

If you should need any further information, please contact me.

Thank you for your assistance.

Sincerely,



Margaret M. O'Neil, Paralegal  
Office of the General Counsel

/mmo  
Enclosures

TRANSMITTAL LETTER

FILED

2004 OCT 20 PM 2:15

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

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**SUBJECT:** Gulf Coast HMA Physician Management, 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  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

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

**ADDITIONAL COPY REQUIRED**

**FROM:** Health Management Associates, Inc. - Peggy O'Neil

Name (Printed or typed)

5811 Pelican Bay Boulevard, #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 2:15  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

October 20, 2004

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

SUBJECT: GULF COAST HMA PHYSICIAN MANAGEMENT, INC.  
Ref. Number: W04000038482

We have received your document for GULF COAST HMA PHYSICIAN MANAGEMENT, 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: 304A00060144

## ARTICLES OF INCORPORATION

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

FILED

2004 OCT 20 PM 2: 15

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

### ARTICLE I NAME

The name of the corporation shall be:

Gulf Coast HMA Physician Management, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5811 Pelican Bay Boulevard, Suite 500, Naples, FL 34108

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Too 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. and Director, 5811 Pelican Bay Boulevard, Suite 500, Naples, FL 34108  
James A. Barber, Pres., CEO 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  
J. Randall Moglia, Treasurer, 5811 Pelican Bay Boulevard, Suite 500, Naples, FL 34108

### 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

BARBARA A. BURKE

SPECIAL ASSISTANT SECRETARY

Barbara A. Burke

Signature/Registered Agent

10-26-04

Date

Timothy R. Parry

Signature/Incorporator

10-11-04

Date