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(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	Certificate	s of Status
Special Instructions to I	Filing Officer:	



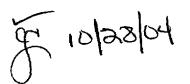
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2004 OCT 20 PH 2: 22 ALLAHASSEE FLORIDA

Office Use Only

W04-38484



TRANSMITTAL, LETTER

2004 OCT 20 PH 2: 22

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

IALLAHASSEE FLORIDA

SUBJECT: Port Ch	arlotte HMA, Inc. (PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: _H	ealth Management Associates, Inc Name	Peggy O'Neil e (Printed or typed)	
	5811 Pelican Bay Boulevard, #500	Address	····
]	Naples, FL 34108	, State & Zip	
	239-598-3131		

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

Daytime Telephone number



Secretary of State

Shoulder -

2004 OCT 20 PM 2: 22

ALLAHASSEE FLORIDA

October 20, 2004

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

SUBJECT: PORT CHARLOTTE HMA, INC.

Ref. Number: W04000038484

We have received your document for PORT CHARLOTTE 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 <u>may</u> be added to the Articles of Incorporation <u>if a 2005 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

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: 904A00060144

ARTICLES OF INCORPORATION

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

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2004 OCT 20 PM 2: 22

IALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Port Charlotte 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, President, CEO and Director, 5811 Pelican Bay Boulevard, Suite 500, Naples, FL 34108 Joshua S. Putter, Vice President and Director, 809 East Marion Avenue, Punta Gorda, FL 33950 Robert F. Jay, 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:

CT Corporation System, 1200 South Pine Island Road, Plantation, Florida 33324

ARTICLE VII INCORPORATOR

The <u>name and address</u> 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