

P09584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

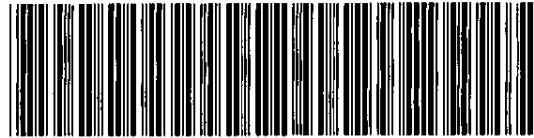
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
DEPARTMENT OF STATE

16 JAN 14 AM11:32

JAN 14 2016  
C. CARROTHERS

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 957268 109186B  
AUTHORIZATION :   
COST LIMIT : \$ 35400

ORDER DATE : January 13, 2016  
ORDER TIME : 5:19 PM  
ORDER NO. : 957268-005  
CUSTOMER NO: 109186B

FOREIGN FILINGS

NAME: HEALTH MANAGEMENT ASSOCIATES,  
INC.

XX CORPORATE  
       LIMITED PARTNERSHIP  
       LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF STATUS

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER: \_\_\_\_\_

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF  
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

Health Management Associates, Inc. d/b/a Health Management Associates, Inc. of Delaware

(Name of Corporation)

P09584

(Document Number of Corporation (if known))

Delaware

(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

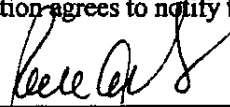
4000 Meridian Blvd.

(Mailing Address)

Franklin, TN 37067

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Rachel A. Seifert

(Typed or printed name of person signing)

1/12/16

(Date)

Executive Vice President & Secretary

(Title of person signing)

**FILING FEE \$35**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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