

P98000060007

David E. Marks

Requestor's Name

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Address

Miami, FL 33131 305-358-2000

City/State/Zip

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Health Management Associates, Inc.  
(Corporation Name) (Document #) *none changed*
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #) *500002584885--9*  
*-07/10/98--01010--016*  
*\*\*\*\*\*35.00 \*\*\*\*\*35.00*
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☒ Will wait

☐ Photocopy

☐ Certificate of Status

| NEW FILINGS                         |                   |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit            |
| <input type="checkbox"/>            | NonProfit         |
| <input type="checkbox"/>            | Limited Liability |
| <input type="checkbox"/>            | Domestication     |
| <input type="checkbox"/>            | Other             |

| AMENDMENTS                          |                                       |
|-------------------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> | Amendment                             |
| <input type="checkbox"/>            | Resignation of R.A., Officer/Director |
| <input type="checkbox"/>            | Change of Registered Agent            |
| <input type="checkbox"/>            | Dissolution/Withdrawal                |
| <input type="checkbox"/>            | Merger                                |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/QUALIFICATION |                     |
|----------------------------|---------------------|
| <input type="checkbox"/>   | Foreign             |
| <input type="checkbox"/>   | Limited Partnership |
| <input type="checkbox"/>   | Reinstatement       |
| <input type="checkbox"/>   | Trademark           |
| <input type="checkbox"/>   | Other               |

FILED  
98 JUL 10 AM 10:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DIVISION OF CORPORATION  
98 JUL 10 AM 10:01

Examiner's Initials

*Don*  
7/10/98

ARTICLES OF AMENDMENT

STATEMENT OF CONSENT TO ACTION  
BY THE SHAREHOLDERS  
AND THE BOARD OF DIRECTORS  
OF  
HEALTH MANAGEMENT ASSOCIATES CORP.

The undersigned, being the sole incorporator of Health Management Associates Corp., a Florida corporation ("Corporation"), pursuant to Sections 607.1005, Florida Statutes, consents to and takes the following action before any appointment of the initial board of directors or the issuance of any shares of the Corporation :

RESOLVED, that the name of the Corporation shall be changed to: **HEALTHCARE PROVIDERS MANAGEMENT ASSOCIATES, INC.**; and

RESOLVED, that the undersigned sole incorporator is hereby authorized to execute these Articles of Amendment effecting the change to the name of the Corporation to: **HEALTHCARE PROVIDERS MANAGEMENT ASSOCIATES, INC.**

  
\_\_\_\_\_  
A. Jacqueline Del Cristo, Esq.,  
Incorporator

Dated: 7/8/98