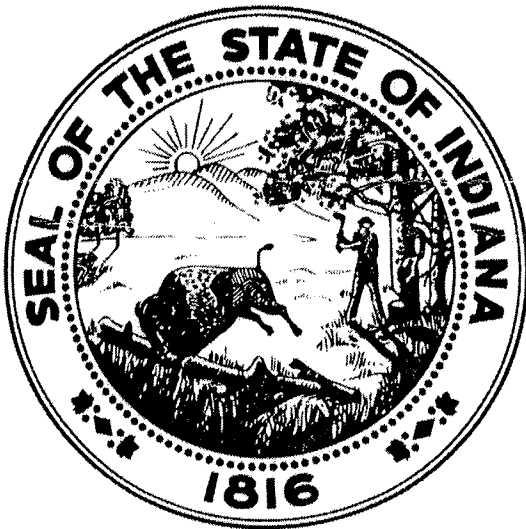


**State of Indiana**  
**Office of the Secretary of State**

APPLICATION FOR CERTIFICATE OF AUTHORITY  
of  
**HEALTH MANAGEMENT ASSOCIATES, INC.**

I, SUE ANNE GILROY, Secretary of State of Indiana, hereby certify that Application for Certificate of Authority of the above Michigan For-Profit Foreign Corporation has been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Business Corporation Law.

NOW, THEREFORE, with this document I certify that said transaction will become effective Friday, February 04, 2000.



In Witness Whereof, I have caused to be  
affixed my signature and the seal of the  
State of Indiana, at the City of  
Indianapolis, February 4, 2000.

*Sue Anne Gilroy*

SUE ANNE GILROY,  
SECRETARY OF STATE



# APPLICATION FOR CERTIFICATE OF AUTHORITY OF A FOREIGN CORPORATION

State Form 38784 (R6 / 8-95) Corporate Form 112

Approved By State Board Of Accounts 1995

SUE ANNE GILROY  
SECRETARY OF STATE  
CORPORATIONS DIVISION  
302 W. Washington St., Rm. E018  
Indianapolis, IN 46204  
Telephone: (317) 232-6576

APPROVED  
AND  
FILED

IND. SECRETARY OF STATE

Indiana Code 23-1-49-1 et seq.  
23-1-49-3

FILING FEE: \$90.00

INSTRUCTIONS: Use 8 1/2" x 11" white paper for inserts.  
Present original and two (2) copies to address in upper right corner of this form.  
Please TYPE or PRINT.  
Upon completion of filing, the Secretary of State will issue a receipt.

This application cannot be accepted without an original certificate of existence duly authenticated by the proper authority from corporation's domiciliary state within the last sixty (60) days.

This application cannot be accepted unless a registered agent with an Indiana street address is listed in ARTICLE II.

## APPLICATION FOR CERTIFICATE OF AUTHORITY OF

Health Management Associates, Inc.

A FOREIGN CORPORATION  
TO TRANSACT BUSINESS IN THE STATE OF INDIANA

The undersigned officer of the above Michigan (State of Domicile)  
corporation which was formed as:

☒ A general business corporation

☐ A professional corporation

desiring to effectuate the admittance of the Corporation to transact business in the State of Indiana, certifies the following facts:

### ARTICLE I: Name and Principal Office

Name of Corporation ( Must be identical to name shown in Articles of Incorporation and Amendments thereto)

Health Management Associates, Inc.

Address of the principal office of corporation (Number and street, city, state and ZIP code)

120 N. Washington Square, Suite 705, Lansing, MI 48933

### ARTICLE II: Registered Office and Registered Agent

Name of the registered agent of the corporation

CT Corporation System

Indiana address of the registered office of corporation (Number and street, city, state and Zip code)

1 North Capitol Ave., Indianapolis, IN 46204

### ARTICLE III: Date of Incorporation and Duration of Existence

Date of incorporation in domiciliary state:

June 13, 1985

Expected period of duration listed in the Articles of Incorporation

Perpetual

### ARTICLE IV: Corporate Officers

The names and business addresses of the officers of the Corporation:

| Name         | Title     | Address (Number, street, city, state and ZIP code) |
|--------------|-----------|--|
| Jay Rosen    | President | 120 N. Washington Squ# 705, Lansing, MI 48933      |
| Eileen Ellis | Secretary | 120 N. Washington Squ #705, Lansing, MI 48933      |
| Ron Westman  | Director  | 4653 E. Hillcrest, Berrien Springs, MI 49103       |
|              |           |  |
|              |           |  |

## ARTICLE V: Board of Directors

The names and business addresses of the Board of Directors of the Corporation are as follows:

| Name         | Address (Number, street, city, state and ZIP code) |
|--------------|--|
| Jay Rosen    | 120 N. Washington Squ# 705, Lansing, MI 48933      |
| Eileen Ellis | 120 N. Washington Squ #705, Lansing, MI 48933      |
| Ron Westman  | 4653 E. Hillcrest, Berrien Springs, MI 49103       |
|              |  |
|              |  |
|              |  |

In witness whereof, the undersigned being the Secretary of said Corporation executes this  
(title)

Application For Certificate Of Authority, and verifies subject to penalties of perjury, that the facts contained herein are true this

26th day of January, ~~18~~ 2000

Signature

*Eileen Ellis*

Printed name

Eileen Ellis