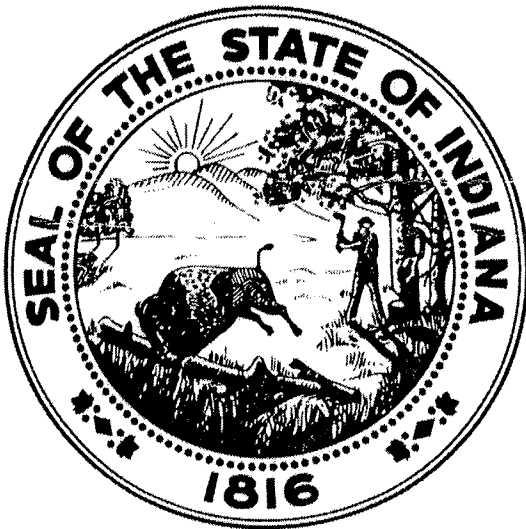


State of Indiana
Office of the Secretary of State

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:

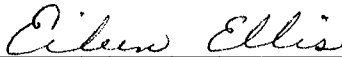
Name	Address (Number, street, city, state and ZIP code)
Jay Rosen	120 N. Washington Squ# 705, Lansing, MI 48933
Eileen Ellis	120 N. Washington Squ #705, Lansing, MI 48933
Ron Westman	4653 E. Hillcrest, Berrien Springs, MI 49103

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



Printed name

Eileen Ellis