2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000004050

FILED Jul 12, 2012 Secretary of State

Entity Name: THE NEBRASKA MEDICAL CENTER CORPORATION

Current Principal Place of Business: New Principal Place of Business:

987400 NEBRASKA MEDICAL CENTER OMAHA, NE 681987400

Current Mailing Address: New Mailing Address:

987400 NEBRASKA MEDICAL CENTER OMAHA, NE 681987400

FEI Number: 91-1858433 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: C

Name: LAURITZEN, BRUCE R Address: 1601 DODGE ST City-St-Zip: OMAHA, NE 68102

Title: VC

Name: BAY, MOGENS C
Address: ONE VALMONT PLAZA
City-St-Zip: OMAHA, NE 68154

Title: PD

Name: FOSDICK, GLENN A

Address: 987400 NEBRASKA MEDICAL CENTER

City-St-Zip: OMAHA, NE 681987400

Title: SD

 Name:
 THAYER, JAN

 Address:
 404 WOODLAND DR

 City-St-Zip:
 GRAND ISLAND, NE 68801

Title: TD

 Name:
 GREWCOCK, BRUCE E

 Address:
 3555 FARNAM ST

 City-St-Zip:
 OMAHA, NE 68131

Title:

Name: MORRIS, ROSANNA

Address: 987400 NEBRASKA MEDICAL CENTER

City-St-Zip: OMAHA, NE 681987400

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GLENN A FOSDICK PD 07/12/2012