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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

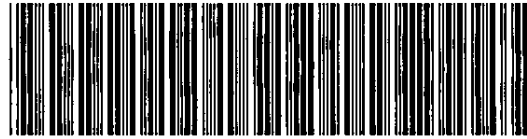
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

W14-84553

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: YALE New Haven Health Services Corporation
Name of Corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

ELIN NILSEN

Name of Person

YALE New Haven Health Services Corp

Firm/Company

1 Church St

5th Fl

Address

New Haven, CT 06510

City/State and Zip Code

ELIN.NILSEN@YNHh.ORG

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELIN NILSEN

Name of Person

at (203) 688-4569

Area Code & Daytime Telephone Number

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy



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14 SEP 24 AM 11:54

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 8, 2014

ELIN NILSEN
1 CHURCH ST 5TH FL
NEW HAVEN, CT 06510

SUBJECT: YALE NEW HAVEN HEALTH SERVICES CORPORATION
Ref. Number: W14000054553

We have received your document for YALE NEW HAVEN HEALTH SERVICES CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 814A00019098

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Yale-New Haven Health Services Corporation
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Elin Nilsen
Name of Person

Yale New Haven Health Services
Firm/Company

Center for Health Care Solutions
1 Church St., 5th Fl
Address

New Haven, CT 06510
City/State and Zip Code

Elin.Nilsen@ynhh.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elin Nilsen at (203) 688-4569
Name of Person Area Code & Daytime Telephone Number

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. YALE NEW HAVEN HEALTH SERVICES CORPORATION

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. CT 3. 22-2529464
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. DEC 12, 1983 5. PERPETUAL
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 789 HOWARD AVE NEW HAVEN, CT 06519
(Principal office address)

1 Church St., 5th Fl., New Haven, CT 06510
(Current mailing address)

8. HEALTH CARE EDUCATION
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Michele Holden,
Asst. Secretary

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

STATE OF FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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411-110

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: MARNA P. BORGSTROM
 Address: 789 HOWARD AVE
NEW HAVEN, CT 06519

Vice Chairman: RICHARD D'AQUILLA
 Address: 789 HOWARD AVE
NEW HAVEN, CT 06519

Director: BRUCE ALEXANDER
 Address: 789 HOWARD AVE
NEW HAVEN, CT 06519

Director: ROBERT J. ALPERN, M.D.
 Address: 789 HOWARD AVE
NEW HAVEN, CT 06519

B. OFFICERS

President: JOSEPH A. CRESPO
 Address: 789 HOWARD AVE
NEW HAVEN, CT 06519

Vice President: GAYLE CAPOZZALO, EXEC. VP
 Address: 789 HOWARD AVE
NEW HAVEN, CT 06519

Secretary: ROBERT A. HAVERSAT
 Address: 789 HOWARD AVE NEW HAVEN, CT 06519

Treasurer: JAMES M. STATEN
 Address: 789 HOWARD AVE NEW HAVEN, CT 06519

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 STATE OF CONNECTICUT
 TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. GAYLE CAPOZZALO, EXEC. VP, STRATEGY and
 (Typed or printed name and capacity of person signing application) SYSTEM DEVELOPMENT

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,
DO HEREBY CERTIFY, that the certificate of incorporation of

YALE-NEW HAVEN HEALTH SERVICES CORPORATION

a domestic NONSTOCK corporation, was filed in this office on December 14, 1983, a certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far as indicated by the records of this office such corporation is in existence.

Secretary of the State

Date Issued: August 28, 2014

14 SEP 24 PM 3:11
SECRETARY OF THE STATE
HALL OF RECORDS - PLUMBING