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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

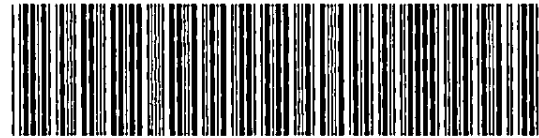
(Document Number)

Certified Copies _____ Certificates of Status _____

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AUG 10 2017

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Northwestern Health Sciences University, Inc.
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:

Jill Henson, Paralegal

Name of Person

Larkin Hoffman

Firm/Company

8300 Norman Center Drive, Suite 1000

Address

Minneapolis, MN 55437

City/State and Zip Code

jhenson@larkinhoffman.com

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

For further information concerning this matter, please call:

Jill Henson

at (952) 896-3296
Name of Person Area Code Daytime Telephone Number

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
266 i 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

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. Northwestern Health Sciences University, Inc. (Name in home jurisdiction: Northwestern Health Sciences University)
 (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. Minnesota 3. 41-0684657
 (State or country under the law of which it is incorporated) (FEI number, if applicable)
 4. 06/10/1949 5. Perpetual
 (Date of Incorporation) (Date of duration, if other than perpetual)

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

7. 2501 West 84th Street, Bloomington, MN 55431
 (Principal office address)

Same as above
 (Current mailing address, if different)

8. Nonprofit alternative healthcare institution
 (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

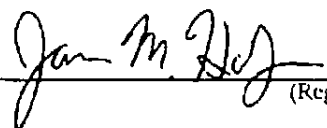
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: C T Corporation System
 Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
 (City) (Zip Code)

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 ATTORNEY GENERAL
 TALLAHASSEE, FLORIDA

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.

James M. Halpin
 Assistant 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.

12. Names and addresses of officers and/or directors

A. DIRECTORS

PLEASE SEE ATTACHED LIST

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

PLEASE SEE ATTACHED LIST

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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HALL COUNTY, FLORIDA

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

13. Christopher Cassirer
Christopher Cassirer (Aug 2, 2017)
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

Dr. Christopher Cassirer, President and CEO

14. _____
(Typed or printed name and capacity of person signing application)

**OFFICERS AND BOARD MEMBERS
AS OF AUGUST 2017**

Officers:

Dr. Christopher Cassirer, President/CEO
Kathleen M. Panciera, CFO and Treasurer
Dr. Keith Johnson, Chair
Dr. Christopher Jo, Vice-Chair
Mr. N. Walter Graff, Secretary

Board Members:

Dr. Christopher Cassirer, President/CEO
Dr. Keith Johnson, Chair
Dr. Christopher Jo, Vice-Chair
Mr. N. Walter Graff, Secretary
Dr. Todd Ginkel, Trustee
Mr. Richard Long, Trustee
Dr. Molly Magnani, Trustee
Dr. Bonita Myhers, Trustee
Dr. David E. Peterson, Trustee
Dr. David Taylor, Trustee
Ms. Tamara Taylor, Trustee
Mr. David Valentini, Trustee
Mr. Brent Wilde, Trustee
Mr. Michael Norton, Trustee

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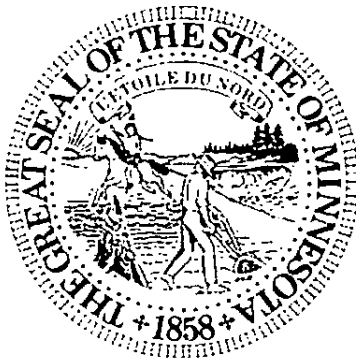
The mailing address for the above-named officers and board members is: Northwestern Health Sciences University, 2501 West 84th Street, Bloomington, MN 55431.

**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Northwestern Health Sciences University
Date Filed:	06/10/1949
File Number:	5280-NP
Minnesota Statutes, Chapter:	317A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 08/08/2017



Steve Simon
Secretary of State
State of Minnesota