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To: Page 2 of 8

2017-11-06 11:35 18 CST

12122023573 From: Kimberly Laughrey

11/6/2017

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512)418-6949
Fax Number : (954)208-0845

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
Allina Health System, Inc

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$70.00

STATE OF FLORIDA
DIVISION OF CORPORATIONS
17 NOV - 6 AM 9:41

FILED

2017 NOV - 6 PM 3:01

J. LEGGETT
NOV - 6 2017

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. ALLINA HEALTH SYSTEM, INC.

(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. 36-3261413
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/28/1983 5. _____
(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. ALLINA HEALTH, 2925 CHICAGO AVENUE, MINNEAPOLIS, MN 55407
(Principal office address)

ALLINA HEALTH, 2925 CHICAGO AVENUE, MINNEAPOLIS, MN 55407
(Current mailing address, if different)

8. TELEHEALTH MEDICAL SERVICES
(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 NO: acceptable)

Name: C T CORPORATION SYSTEM

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.

C T CORPORATION SYSTEM

BY: 
(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.

FILED
NOV-6-AM 9 41
17
STATE OF FLORIDA
TALLAHASSEE

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: SEE LIST ATTACHED

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: SEE LIST ATTACHED

Address: _____

Vice President: _____

Address: _____

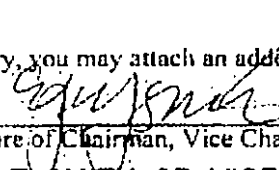
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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. **ELIZABETH T. SMITH, SR. VICE PRESIDENT, GENERAL COUNSEL & SECRETARY**
(Typed or printed name and capacity of person signing application)

**ATTACHMENT TO
APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION
FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA
FOR
ALLINA HEALTH SYSTEM**

Item 12. Names and addresses of officers and/or directors

A. DIRECTORS

<u>Title</u>	<u>Name</u>	<u>Address</u>
Board Chair	John R. Church	Allina Health Board of Directors Allina Health System P O Box 43 Minneapolis, MN 55440
Director	Clay Ahrens	Allina Health Board of Directors Allina Health System P O Box 43 Minneapolis, MN 55440
Director	John I. Allen, MD	Allina Health Board of Directors Allina Health System P O Box 43 Minneapolis, MN 55440
Director	Jennifer Alstad	Allina Health Board of Directors Allina Health System P O Box 43 Minneapolis, MN 55440
Director	Gary Bhojwani	Allina Health Board of Directors Allina Health System P O Box 43 Minneapolis, MN 55440
Director	Barbara Butts-Williams, PhD	Allina Health Board of Directors Allina Health System P O Box 43 Minneapolis, MN 55440
Director	Laura Gillund	Allina Health Board of Directors Allina Health System P O Box 43 Minneapolis, MN 55440
Director (ex officio)	Joseph Goswitz, MD	Allina Health Board of Directors Allina Health System P O Box 43 Minneapolis, MN 55440

<u>Title</u>	<u>Name</u>	<u>Address</u>
Director	Greg Heinemann	Allina Health Board of Directors Allina Health System P O Box 43 Minneapolis, MN 55440
Director	David Kuplic	Allina Health Board of Directors Allina Health System P O Box 43 Minneapolis, MN 55440
Director	Hugh T. Nierengarten	Allina Health Board of Directors Allina Health System P O Box 43 Minneapolis, MN 55440
Director	Sahra Noor, RN	Allina Health Board of Directors Allina Health System P O Box 43 Minneapolis, MN 55440
Director	Brian Rosenberg, PhD	Allina Health Board of Directors Allina Health System P O Box 43 Minneapolis, MN 55440
Director	Debra L. Schoneman	Allina Health Board of Directors Allina Health System P O Box 43 Minneapolis, MN 55440
Director	Thomas S. Schreier, Jr.	Allina Health Board of Directors Allina Health System P O Box 43 Minneapolis, MN 55440
Director	Abir Sen	Allina Health Board of Directors Allina Health System P O Box 43 Minneapolis, MN 55440
Director	Sally J. Smith	Allina Health Board of Directors Allina Health System P O Box 43 Minneapolis, MN 55440
Director	Darrell Tukua	Allina Health Board of Directors Allina Health System P O Box 43 Minneapolis, MN 55440
Director	Penny Wheeler, MD	Allina Health Board of Directors Allina Health System P O Box 43 Minneapolis, MN 55440

B. OFFICERS

<u>Title</u>	<u>Name</u>	<u>Address</u>
President and Chief Executive Officer	Penny Wheeler, MD	Allina Health System 2925 Chicago Avenue Minneapolis, MN 55407
Executive Vice President and Chief Financial Officer	Ric Magnuson	Allina Health System 2925 Chicago Avenue Minneapolis, MN 55407
Executive Vice President, Allina Health Group	Christine Bent	Allina Health System 2925 Chicago Avenue Minneapolis, MN 55407
Executive Vice President, Allina Health Group and Chief Clinical Officer	Ben Bache-Wiig	Allina Health System 2925 Chicago Avenue Minneapolis, MN 55407
Senior Vice President and Chief Strategy Officer	Robert Wieland	Allina Health System 2925 Chicago Avenue Minneapolis, MN 55407
Senior Vice President, North Region and President, Mercy Hospital	Sara Criger	Allina Health System 2925 Chicago Avenue Minneapolis, MN 55407
Senior Vice President and Chief Human Resources Officer	Christine Webster Moore	Allina Health System 2925 Chicago Avenue Minneapolis, MN 55407
Senior Vice President, East Region and President, United Hospital, Interim Senior Vice President, West Region and Interim President, Abbott Northwestern Hospital	Thomas O'Connor	Allina Health System 2925 Chicago Avenue Minneapolis, MN 55407
Chief Medical Officer and Senior Vice President, Specialty Care and Research	Timothy Sielaff, MD, PhD, FACS	Allina Health System 2925 Chicago Avenue Minneapolis, MN 55407
Senior Vice President, General Counsel and Secretary to the Allina Board of Directors	Elizabeth Truesdell Smith, JD, MPH	Allina Health System 2925 Chicago Avenue Minneapolis, MN 55407

**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: Allina Health System
Date Filed: 09/28/1983
File Number: W-640
Minnesota Statutes, Chapter: 317A
Home Jurisdiction: Minnesota

This certificate has been issued on: 10/30/2017



Steve Simon

Steve Simon
Secretary of State
State of Minnesota