

F180000005366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

NP

Office Use Only



300320300143

11/06/18--01008--002 \*\*70.00

RECEIVED

NOV 05 2018

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

18 NOV -5 PM 2:21

FILED

BL. VORISEK

NOV 27 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** West Penn Allegheny Health System, 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:

Karen M. Irwin

Name of Person

West Penn Allegheny Health System, Inc.

Firm/Company

Fifth Avenue Place, 120 Fifth Avenue

Mail Code 2115

Address

Pittsburgh, PA 15219

City/State and Zip Code

karen.irwin@highmarkhealth.org

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

For further information concerning this matter, please call:

Karen M. Irwin

at (

412

Area Code

330-2523

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  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>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. West Penn Allegheny 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. Pennsylvania ✓ 3. 25-0969492

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

4. 03/18/48

(Date of Incorporation)

5.

(Date of duration, if other than perpetual)

6. 8/1/18

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

7. 4800 Friendship Avenue, Pittsburgh, PA 15224

(Principal office address)

(Current mailing address, if different)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

18 NOV -5 PM 2:21

FILED

8. Medical billing / coding

(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: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation

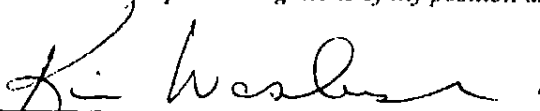
(City)

, Florida 33324

(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.



(Registered agent's signature)

Kim Wasilewski  
Assistant Secretary

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**

Chairman: See attached list

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

✓ President: Cynthia Hundorfean

Address: 30 Isabella Street, Suite 300  
Pittsburgh, PA 15212

Vice President: None

Address: \_\_\_\_\_

Secretary: Jacqueline M. Bauer

Address: 30 Isabella Street, Suite 300, Pittsburgh, PA 15212

Treasurer: Jeffrey T. Crudele

Address: 30 Isabella Street, Suite 300, Pittsburgh, PA 15212

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

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

4. Jacqueline M. Bauer, Secretary  
(Typed or printed name and capacity of person signing application)

**WEST PENN ALLEGHENY HEALTH SYSTEM, INC.**

**BOARD OF DIRECTORS**

<u><b>BOARD MEMBER</b></u>	<u><b>ADDRESS</b></u>
- David A. Blandino, MD Physician - East Liberty Family Health Center	3149 Ellers Street Pittsburgh, PA 15213
· Basil Cox Retired - President and CEO Eat 'n Park Hospitality Group	1235 Wightman Street Pittsburgh, PA 15217
- Tony Farah, MD Chief Medical Officer, AHN President, Allegheny Clinic	607 Grandview Drive Gibsonia, PA 15044
- Karen Hanlon Executive Vice President, CFO & Treasurer	Highmark, Inc. Fifth Avenue Place 120 Fifth Avenue, Suite 3118 Pittsburgh, PA 15222
✓ Cynthia Hundorfean President and CEO, Allegheny Health Network	Allegheny Health Network 30 Isabella Street Pittsburgh, PA 15212
✓ Russell Livingston	7 Livingston Manor Pittsburgh, PA 15238
✓ Joseph A. Macerelli, Esquire Attorney - Burns White LLC	240 Grange Road McDonald, PA 15057
<b>CHAIRMAN</b>	
✓ Edward R. Marasco Vice President Business Development - Quick Med Claims	284 Lewis Run Road West Mifflin, PA 15122
✓ L. Theodore Neighbors CPA & Partner	Labriola Neighbors LLP 555 N. Bell Avenue, Suite 250 Carnegie, PA 15106
✓ Sandra L. Usher Community Leader	840 Twelfth Street Oakmont, PA 15139
✓ Doris Carson Williams President & CEO	African American Chamber of Commerce of Western Pennsylvania Koppers Building, Suite 2220 436 Seventh Avenue Pittsburgh, PA 15219

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

10/17/2018

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

West Penn Allegheny Health System, Inc.

is duly registered as a Pennsylvania Non-Profit (Non Stock) under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set  
my hand and caused the Seal of the Secretary's  
Office to be affixed, the day and year above written

*Robert Lanes*

Acting Secretary of the Commonwealth

Certification Number: TSC181017110613-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>