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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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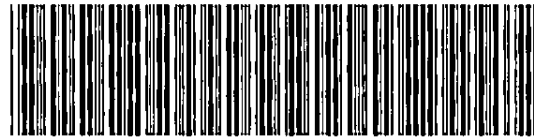
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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G. PRATHE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Mary Washington Healthcare  
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:

Lauren Blalock  
Name of Person  
Mary Washington Healthcare  
Firm/Company  
2300 Fall Hill Ave, Suite 509  
Address  
Fredericksburg, VA 22401  
City/State and Zip Code  
lauren.blalock@mwhc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Molly Johnson at ( 540 ) 741-1821  
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  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:  
Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$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. Mary Washington Healthcare, 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. Virginia 3. 54-1240646  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 5/31/1983 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. 2300 Fall Hill Ave., Suite 509, Fredericksburg VA 22401  
(Principal office street address)

(Current mailing address, if different)

8. Health care clerical duties.  
(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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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.*

Candice Pignataro Candice Pignataro, 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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS**

Chairman Name: William Boldon  
 Vice Chairman Address: 2300 Fall Hill Ave., Suite 509  
Fredericksburg, VA 22401  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: Fred Messing  
 Vice Chairman Address: 2300 Fall Hill Ave., Suite 509  
Fredericksburg, VA 22401  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: John Rowley  
 Vice Chairman Address: 2300 Fall Hill Ave., Suite 509  
Fredericksburg, VA 22401  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: Lauren Blalock  
 Vice Chairman Address: 2300 Fall Hill Ave., Suite 509  
Fredericksburg, VA 22401  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other: VP Regulatory and Risk Management  Other: \_\_\_\_\_

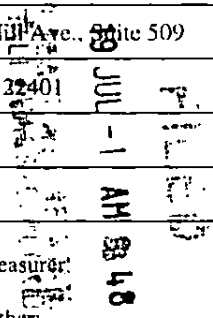
Chairman Name: Sean Barden  
 Vice Chairman Address: 2300 Fall Hill Ave., Suite 509  
Fredericksburg, VA 22401  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other: CFO  Other: \_\_\_\_\_

Chairman Name: Michael McDermott, MD  
 Vice Chairman Address: 2300 Fall Hill Ave., Suite 509  
Fredericksburg, VA 22401  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

**NOTE: Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

14. Lauren Blalock Vice President of Regulator Affairs and Risk management  
 (Typed or printed name and capacity of person signing application)



# Commonwealth of Virginia



## State Corporation Commission

### *CERTIFICATE OF GOOD STANDING*

*I Certify the Following from the Records of the Commission:*

That Mary Washington Healthcare is duly incorporated under the law of the Commonwealth of Virginia;

That the date of its incorporation is May 31, 1983;

That the period of its duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



*Signed and Sealed at Richmond on this Date:  
June 28, 2019*

*Joel H. Peck*  
Joel H. Peck, Clerk of the Commission