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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

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 CARILION HEALTHCARE Corporation

Certificate of Status	0
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M. SOLOMON

AH 11: 42

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607, 1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. CARILION HEALTHCARE CORPORATION (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Com," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) COMMONWEALTH OF VIRGINIA

(State or country under the law of which it is incorporated)

3. 54 1586601 (FEI number, if applicable) (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 213 \$ JEFFERSON STREET, SUITE 1600, ROANOKE, VIRGINIA 24011 (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road33324 Office Address: Plantation (Citv) 9. 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.

William Bleier Assitant Secretary

(Registered agent's signature)

10. 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.

^{11.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS			NAMEN HOWELL AGES				
□ Chairman	Name: MICHAEL P. JEREMIAH M.D.	□ Chairman	NANCY HOWELL AGEE Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
Director	SUITE 400	■ Director	SUITE 400				
President	ROANOKE, VIRGINIA 24016	□ President	ROANOKE, VIRGINIA 24016				
□Vice President		₩Vice President					
Secretary	Treasurer	☐ Secretary	Treusurer				
□Other	Other	□Other	L1Other				
□Chairman □ Vice Chairman	Name:	□Chairman	Name: NICHOLAS C. CONTE Address: LIVERSIDE CIRCLE				
□Director	SUITE 807	Director	SUITE 400				
□President	ROANOKE, VIRGINIA 24011	□President	ROANOKE, VIRGINIA 24016				
□Vice President		□ Vice President	Treasurer C				
□ Secretary	■ Treasurer	■ Secretary	ta de la companya de				
□Other	□Other	□Other					
[:Chainnan	Name;	□Chairman	Name: SUSAN S. LUCAS				
□Vice Chairman	1 RIVERSIDE CIRCLE	□Vice Chairman	Address: 213 S JEFFERSON'STREET				
Director	SUITE 400	□Director	STE 1600				
□President	ROANOKE, VIRGINIA 24016	□President	ROANOKE, VA 24011				
□Vice President		☐Vice President					
□ Secretary	□Treasuret	☐ Secretary	☐ Treasurer				
□Other	■Other Assist. Treas.	Other	Other Assist, Sec.				
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.							
12. Manual Clark Signature of Director or Officer							
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.							

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

A. Carilion Healthcare Corporation Board of Directors - Continued

Name: Jeanne S. Armentrout DIRECTOR

Address: 1 Riverside Circle, Suite 400

Roanoke, Virginia 24016

Name: Patrice M. Weiss, M.D. DIRECTOR

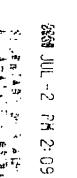
Address: 1 Riverside Circle, Suite 400

Roanoke, Virginia 24016

Name: Charles A. Sawyers DIRECTOR

Address: 213 S Jefferson Street, Suite 807

Roanoke, Virginia 24011



Common breadth of Hirginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That CARILION HEALTHCARE CORPORATION is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on May 15, 1991;

That the corporation's period of 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 29, 2020

goel Hikek

Joel H. Peck, Clerk of the Commission