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Florida Department of State
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FOREIGN PROFIT/NONPROFIT CORPORATION
CARILION HEALTHCARE Corporation

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M. SOLOMON

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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.

1. CARILION HEALTHCARE CORPORATION
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. COMMONWEALTH OF VIRGINIA 3. 54 1586601
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. MAY 15, 1991 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

6.
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 213 S 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)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road 33324

Plantation, Florida 33324
(City) (Zip code)

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 (Handwritten signature)

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]:

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A. DIRECTORS

Chairman Name: MICHAEL P. JEREMIAH M.D.
 Vice Chairman Address: 1 RIVERSTDE CIRCLE
 Director SUITE 400
 President ROANOKE, VIRGINIA 24016
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: NANCY HOWELL AGEE
 Vice Chairman Address: 1 RIVERSIDE CIRCLE
 Director SUITE 400
 President ROANOKE, VIRGINIA 24016
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: G. ROBERT VAUGHAN, JR.
 Vice Chairman Address: 213 SOUTH JEFFERSON ST.
 Director SUITE 807
 President ROANOKE, VIRGINIA 24011
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: NICHOLAS C. CONTE
 Vice Chairman Address: 1 RIVERSIDE CIRCLE
 Director SUITE 400
 President ROANOKE, VIRGINIA 24016
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: DONALD B. HALLIWILL
 Vice Chairman Address: 1 RIVERSIDE CIRCLE
 Director SUITE 400
 President ROANOKE, VIRGINIA 24016
 Vice President _____
 Secretary Treasurer
 Other _____ Other Assist. Treas.

Chairman Name: SUSAN S. LUCAS
 Vice Chairman Address: 213 S JEFFERSON STREET
 Director STE 1600
 President ROANOKE, VA 24011
 Vice President _____
 Secretary Treasurer
 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. *Nicholas C. Conte, Secretary*
 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.

13. NICHOLAS C. CONTE, SECRETARY
 (Typed or printed name and capacity of person signing application)

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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

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Commonwealth of Virginia



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

Handwritten signature of Joel H. Peck.

Joel H. Peck, Clerk of the Commission