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(Requestor's Name)

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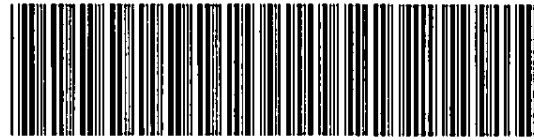
(City/State/Zip/Phone #)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Avera Health, 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:

Jolene Lyons  
Name of Person  
Avera Health  
Firm/Company  
1000 W. 4th Street  
Address  
Suite 1  
Address  
Yankton, SD 57078  
City/State and Zip Code  
jolene.lyons@avera.org  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Jolene Lyons at ( 605 ) 655-1942  
Name of Person Area Code Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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. Avera Health, 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. South Dakota 3. 46-0422673
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/15/1992 5.
(Date of Incorporation) (Date of duration, if other than perpetual)

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

7. 3900 W. Avera Dr., Sioux Falls, SD 57108
(Principal office street address)

(Current mailing address, if different)

8. Doctors providing telehealth 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 NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee Florida 32301
(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.

Kelly Marinelli
(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.

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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: Bob Sutton  
 Vice Chairman Address: 3900 W. Avera Dr.  
Sioux Falls, SD 57108  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: Julie Lutt  
 Vice Chairman Address: 3900 W. Avera Dr.  
Sioux Falls, SD 57108  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: Richard G. Korman  
 Vice Chairman Address: 3900 W. Avera Dr.  
Sioux Falls, SD 57108  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

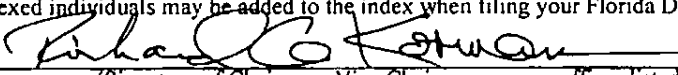
Chairman Name: Julie Lutt  
 Vice Chairman Address: 3900 W. Avera Dr.  
Sioux Falls, SD 57108  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

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Chairman Name: See attached Exhibit A  
 Vice Chairman Address: \_\_\_\_\_  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: \_\_\_\_\_  
 Vice Chairman Address: \_\_\_\_\_  
 Director \_\_\_\_\_  
 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.   
 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Richard G. Korman - Secretary  
 (Typed or printed name and capacity of person signing application)

Exhibit A

Avera Health Board of Directors

7/01/2022 – 6/30/2023

3900 W. Avera Drive, Sioux Falls SD 57108		Ph: 605-322-7017	
<p><b>Dr. Luis Rojas-Espaillet, Chair</b> AMG Gynecologic Oncology 1000 E 23rd Street, Suite 350 Sioux Falls, SD 57105</p>	<p>Ph: 605-322-7535 Cell: 605-553-3776 Luis.RojasEspaillet@avera.org</p>	<p><b>Bob Sutton</b> Avera Health President/CEO 3900 W Avera Drive Sioux Falls, SD 57108</p>	<p>Ph: 605-322-7016 Cell: 605-222-2223 Bob.Sutton@avera.org</p>
<p><b>Sister Penny Bingham, Vice Chair</b> Sacred Heart Monastery 1005 West 8<sup>th</sup> Street Yankton, SD 57078</p>	<p>Ph: 605-668-6000 Cell: 605-661-2502 pbingham@yanktonbenedictines.org</p>	<p><b>Sister Mary Jaeger</b> 1702 S. 7th Avenue, #105 Sioux Falls, SD 57105</p>	<p>Ph: 605-743-4159 Cell: 605-214-5946 mary.jaeger@avera.org</p>
<p><b>Sister Pam Donelan</b> 1100 N Lake Ave., #108 Sioux Falls, SD 57104</p>	<p>Cell: 605-216-4950 pdonelan@presentationisters.org</p>	<p><b>Clark Sinclair</b> 130 Woodland Dr Madison, SD 57042-9019</p>	<p>Office Ph: 605-332-4400 Cell: 605-270-4505 clark@montgomerys.com</p>
<p><b>Sister Debra Kolecka</b> Sacred Heart Monastery 1005 West 8<sup>th</sup> Street Yankton, SD 57078</p>	<p>Ph: 605-668-6019 Cell: 605-661-1747 dkolecka@yanktonbenedictines.org</p>	<p><b>Dr. Jason Wickersham</b> Avera St. Benedict CRH Clinic 401 W Glynn Drive Parkston, SD 57366</p>	<p>Ph: 605-928-7961 Cell: 605-770-4805 Jason.Wickersham@avera.org</p>
<p><b>Sister Mary Kay Panowicz</b> 15356 Pratt Plaza, Apt 276 Omaha, NE 68116</p>	<p>Cell: 605-661-9806 mpanowicz@yanktonbenedictines.org</p>	<p><b>Robert Fouberg</b> PO Box 1560 Aberdeen SD 57402</p>	<p>Office: 605-226-5303 Cell: 605-228-8136 Robert.Fouberg@dacotahbank.com</p>
<p><b>Lori Essig</b> 2440 E 1st Ave. Mitchell, SD 57301</p>	<p>Ph: 605-770-4031 ljessig@gmail.com</p>	<p><b>Doneen Hollingsworth</b> 145 Riverplace Drive Pierre, SD 57501</p>	<p>Ph: 605-280-4811 Doneenholl@gmail.com dbh@coneag.com – secure email</p>
<p><b>Sister Roxanne Seifert</b> 1702 S 7<sup>th</sup> Ave, #102 Sioux Falls, SD 57105</p>	<p>Ph: 605-630-3570 Roxanne.seifert@avera.org</p>	<p><b>Dr. Katherine Wang</b> Avera McKennan 1325 S Cliff Ave Sioux Falls, SD 57105</p>	<p>Ph: 605-322-4425 Cell: 626-215-7522 katherine.wang@avera.org</p>
<p><b>Dr. Wayne Kindle</b> 31114 434<sup>th</sup> Avenue Yankton, SD 57078</p>	<p>Office Ph: 605-665-3998 : j c i Ph: 605-661-8172 Wayne.kindle@k12.sd.us</p>		

# State of South Dakota

## Office of the Secretary of State

### Certificate of Good Standing

Domestic Nonprofit Corporation

I, **Monae L. Johnson**, Secretary of State of the State of South Dakota, hereby certify that

**AVERA HEALTH**

Business ID: NS009642

was authorized to transact business in this state on: June 15, 1992.

I, further certify that **AVERA HEALTH** has complied with the laws of this State relative to the formation of Certificate of Good Standing/Authorizations of its kind and is now regularly and properly organized and existing under the laws of this State and is in Good Standing, as shown by the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of its financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of South Dakota, in Pierre, the Capital City, this day, December 8, 2022.

*Monae L. Johnson*

Monae L. Johnson  
Secretary of State

12/08/2022 8:16 AM

Verification #: 016149730

2022 FEB 13 P. 11:13



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 26, 2023

JOLENE LYONS  
1000 W 4TH STREET STE 1  
YANKTON, SD 57078 US

SUBJECT: AVERA HEALTH  
Ref. Number: W23000009781

We have received your document for AVERA HEALTH and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The registered agent must sign accepting the designation.

The document must contain a statement containing the purpose(s) authorized by the jurisdiction of its incorporation, of which it intends to pursue in this state, pursuant to 617.1503(d), Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin  
Regulatory Specialist II

Letter Number: 723A00001982

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