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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THE GOOD SHEPHERD REHABILITATION HOSPITAL  
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:

**STEVEN BREIDIGAN**

\_\_\_\_\_  
Name of Person

**THE GOOD SHEPHERD REHABILITATION HOSPITAL**

\_\_\_\_\_  
Firm/Company

**850 S. FIFTH STREET**

\_\_\_\_\_  
Address

**ALLENTOWN, PA 18103**

\_\_\_\_\_  
City/State and Zip Code

**SBREIDIGAN@GSRH.ORG**

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

For further information concerning this matter, please call:

**STEVEN BREIDIGAN**

\_\_\_\_\_  
Name of Person

at ( **610** )

\_\_\_\_\_  
Area Code

**778-1044**

\_\_\_\_\_  
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. THE GOOD SHEPHERD REHABILITATION HOSPITAL 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.)

THE GOOD SHEPHERD REHABILITATION HOSPITAL INC

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

2. PENNSYLVANIA 3. 23-1371947
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. NOVEMBER 15, 1909 5.
(Date of Incorporation) (Date of duration, if other than perpetual)

6. APRIL 4, 2023
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 850 S. FIFTH STRET, ALLENTOWN, PA 18103
(Principal office street address)

(Current mailing address, if different)

8. PROVIDE & SUPPORT REHABILITATIVE HEATHLCARE 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: Registered Agents Inc
Office Address: 7901 4th St N STE 300
St. Petersburg, Florida 33702
(City) (Zip Code)

2023 AUG 21 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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.

David Roberts

(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: MICHAEL SPIGEL  
 Vice Chairman Address: 850 S. FIFTH STREET  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President ALLENTOWN, PA 18103  
 Secretary  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: GARY SCHMIDT  
 Vice Chairman Address: 850 S. FIFTH STREET  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President ALLENTOWN, PA 18103  
 Secretary  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: SANDRA BODNYK  
 Vice Chairman Address: 850 S. FIFTH STREET  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President ALLENTOWN, PA 18103  
 Secretary  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: JOHN C. RICHTER  
 Vice Chairman Address: 850 S. FIFTH STREET  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President ALLENTOWN, PA 18103  
 Secretary  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: JAN S. HELLER  
 Vice Chairman Address: 850 S. FIFTH STREET  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President ALLENTOWN, PA 18103  
 Secretary  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: POLLY BESTE  
 Vice Chairman Address: 850 S. FIFTH STREET  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President ALLENTOWN, PA 18103  
 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. Michael Spigel  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. MICHAEL SPIGEL, PRESIDENT & CEO  
(Typed or printed name and capacity of person signing application)

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Division of Corporations

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\_\_\_\_\_  
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\_\_\_\_\_  
Firm/Company

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

2. PENNSYLVANIA 3. 23-1371947
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. NOVEMBER 15, 1909 5.
(Date of Incorporation) (Date of duration, if other than perpetual)

6. JUNE 22, 2020
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 850 S. FIFTH STRET, ALLENTOWN, PA 18103
(Principal office street address)

(Current mailing address, if different)

8. PROVIDE REHABILITATIVE HEALTHCARE SERVICES
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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St. Petersburg Florida 33702
(City) (Zip Code)

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STATE OF FLORIDA
TALLAHASSEE, FL

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David Roberts

(Registered agent's signature)

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 President \_\_\_\_\_  
 Vice President ALLENTOWN, PA 18103  
 Secretary  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

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 Vice Chairman Address: 850 S. FIFTH STREET  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President ALLENTOWN, PA 18103  
 Secretary  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

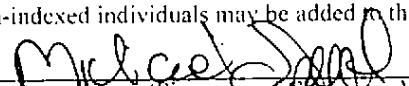
Chairman Name: SANDRA BODNYK  
 Vice Chairman Address: 850 S. FIFTH STREET  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President ALLENTOWN, PA 18103  
 Secretary  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

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 Vice Chairman Address: 850 S. FIFTH STREET  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President ALLENTOWN, PA 18103  
 Secretary  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: JAN S. HELLER  
 Vice Chairman Address: 850 S. FIFTH STREET  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President ALLENTOWN, PA 18103  
 Secretary  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: POLLY BESTE  
 Vice Chairman Address: 850 S. FIFTH STREET  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President ALLENTOWN, PA 18103  
 Secretary  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

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

14. MICHAEL SPIGEL, PRESIDENT & CEO  
(Typed or printed name and capacity of person signing application)

**Pennsylvania Department of State**  
Bureau of Corporations and Charitable Organizations  
PO Box 8722 | Harrisburg, PA 17105-8722  
T:717-787-1057  
[dos.pa.gov/BusinessCharities](http://dos.pa.gov/BusinessCharities)

**Regarding:** The Good Shepherd Rehabilitation Hospital  
**Request Type:** Subsistence Certificate **Issuance Date:** July 14, 2023  
**Request No.:** 018644833 **File No.:** 0000142923  
**Receipt No.:** 000603712  
**Filing Type:** Domestic Nonprofit Corporation  
**Filing Subtype:** Nonprofit Corporation  
**Initial Filing Date:** November 15, 1909  
**Status:** Active

**TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:**

I DO HEREBY CERTIFY THAT

The Good Shepherd Rehabilitation Hospital

is currently subsisting on the records of the Department of State as of the issuance 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 my office to be affixed, the day and year above written

A handwritten signature in black ink, appearing to read "Albert Schmidt".

**Albert Schmidt**  
Secretary of the Commonwealth

Verify this certificate online at [www.file.dos.pa.gov](http://www.file.dos.pa.gov)



**BOARD OF TRUSTEES**

*Good Shepherd Rehabilitation Network  
The Good Shepherd Rehabilitation Hospital  
The Good Shepherd Home Long Term Care Facility, Inc.  
Good Shepherd Long Term Acute Care Services, Inc.  
The Good Shepherd Housing Development Corporation  
Good Shepherd Group LLC*

2023

<b>Board of Trustees 2023</b>
Beste, Polly
Bodnyk, Sandra L., Vice Chair
DeCampi, Pamela
Emrick, Paul
Fessler, David
Gustave, Lori
Greenfield, James (Rev)
Haymon, Elsbeth G.
Heller, Jan S., Treasurer
Lynch, Thomas
Pessina, Michael (Mike)
Richardson, Tina Ph.D.
Richter, John C., Secretary
Salicetti, Victor
Schmidt, Gary R. , Chair of the Board
Spigel, Michael
Steckel, Timothy, MD
Topper, Maura