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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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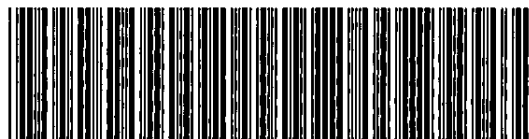
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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4/11/14

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
APR -9 PM 1:15

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Rogers Memorial Hospital Incorporated

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:

Paul W. Seidenstricker

Name of Person

Hall, Render, Killian, Health & Lyman

Firm/Company

111 E. Kilbourn Avenue

Suite 1300

Address

Milwaukee, WI 53202

City/State and Zip Code

pseidenstricker@hallrender.com

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

For further information concerning this matter, please call:

Paul W. Seidenstricker at (414) 721-0449

Name of Person

Area Code & Daytime Telephone Number

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$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. **Rogers Memorial Hospital Incorporated**
(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.)

2. **Wisconsin** 3. **39-1139101**
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. **September 3, 1970** 5. **perpetual**
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. **34700 Valley Road, Oconomowoc, WI 53066**
(Principal office address)

34700 Valley Road, Oconomowoc, WI 53066
(Current mailing address)

8. **Operates facilities that provide outpatient psychiatric 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)

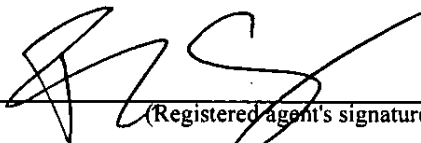
Name: **Ben Chang**

Office Address: **2002 North Lois Avenue, Suite 400**

Tampa, Florida **33607**
(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.


(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. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: see attached

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: see attached

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

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

14. Paul A. Mueller, Chief Executive Officer

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

**Rogers Memorial Hospital Incorporated
Board of Directors**

Roger Jensen [**Board Chair**]
W340 N7405 Townline Road
Oconomowoc, WI 53066

Vineet Kulkarni, M.D.
19630 Dorchester Drive
Brookfield, WI 53045

Mary E. Panzer [**Board Vice-Chair**]
N11892 Panzer Road
Brownsville, WI 53006

William T. Mulligan
10825 North Pebble Lane
Mequon, WI 53092

Barbara J. Zabawa [**Board Secretary**]
5104 Valley Drive
McFarland, WI 53558

Theodore E. Weltzin, M.D.
205 Lakewood Blvd.
Madison, WI 53704

Mark W. Mohr [**Board Treasurer**]
W333N3463 Hickory Lane
Nashotah, WI 53058

Garry D. Anderson
N6322 Shorewood Hills Road
Lake Mills, WI 53551

Patrick Andritsch
35300 Pabst Road
Oconomowoc, WI 53066

John J. Curran
436 Thomas Road
Wales, WI 53183

Peter Gottsacker
W314N7155 Highway 83
Hartland, WI 53029

Patrick T. Hammer
N59W38121 Mainland Drive
Oconomowoc, WI 53066

Gary Jorgensen
35304 Pabst Road
Oconomowoc, WI 53066

Officers

Chief Executive Officer: Paul A. Mueller
34700 Valley Road
Oconomowoc, WI 53066

Executive VP/CFO: Keith Degner
34700 Valley Road
Oconomowoc, WI 53066

VP of Operations: T. Orvin Fillman
34700 Valley Road
Oconomowoc, WI 53066

VP of Human Capital: Renee Patterson
34700 Valley Road
Oconomowoc, WI 53066

VP of Patient Care: Teresa Schultz
34700 Valley Road
Oconomowoc, WI 53066

United States of America
State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services

To All to Whom These Presents Shall Come, Greeting:

I, PAUL M. HOLZEM, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

ROGERS MEMORIAL HOSPITAL INCORPORATED

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is September 3, 1970.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on January 9, 2014.

A handwritten signature in black ink that reads "Paul M. Holzem".

PAUL M. HOLZEM, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: <http://www.wdfl.org/apps/ccs/verify/>

Enter this code: 131048-51C09877