

F2000000004287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

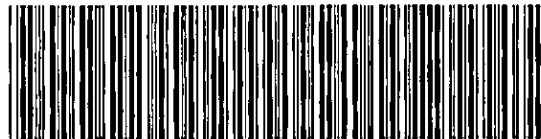
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/4/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: St. Joseph's Medical Center, 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:

Tammy Lamirande

Name of Person

Essentia Health

Firm/Company

502 E 2nd Street

Address

Duluth, MN 55805

City/State and Zip Code

tammy.lamirande@essentiahealth.org

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

For further information concerning this matter, please call:

Tammy Lamirande

at (218) 786-8373

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. St. Joseph's Medical Center, 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. Minnesota 3. 41-0695602
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/06/1985 5. perpetual
(Date of Incorporation) (Date of duration, if other than 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. 523 N 3rd Street, Brainerd, MN 56401
(Principal office street address)

502 E 2nd Street, Duluth, MN 55805
(Current mailing address, if different)

8. Employee working from the State of Florida
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

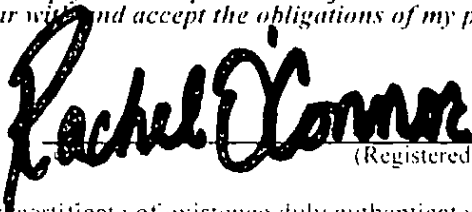
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(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.



Rachel O'Connor Assistant Secretary

(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: Jon Pryor, MD
☐ Vice Chairman Address: 502 E 2nd Street
☐ Director Duluth, MN 55805
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☒ Chairman Name: Hara Charlier
☐ Vice Chairman Address: 501 West College Drive
☐ Director Brainerd, MN 56401
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Chuck Albrecht
☐ Vice Chairman Address: POBox 2907
☒ Director Baxter, MN 56425
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Chris Close
☐ Vice Chairman Address: 4638 Brentwood Road
☒ Director Baxter, MN 56425
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Ginny Knudson
☐ Vice Chairman Address: 302 S Sixth Street, PO Box 411
☒ Director Brainerd, MN 56401
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Krista Soukup
☐ Vice Chairman Address: 606 Bluff Avenue
☒ Director Brainerd, MN 56401
☐ 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. Jon P. Pryor
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Jon Pryor, President
(Typed or printed name and capacity of person signing application)

ST. JOSEPH'S MEDICAL CENTER BOARD OF DIRECTORS
Continued

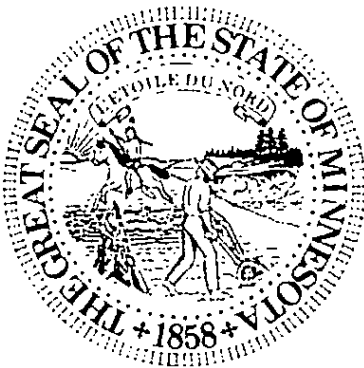
BOARD MEMBER	ADDRESS
Corey Anderson, MD Chief of Staff	St. Joseph's Medical Center 523 North Third Street Brainerd, MN 56401
Sr. Beverly Horn	St. Scholastica Monastery 1001 Kenwood Avenue Duluth, MN 55811-2300
Nathan Laposky, MD	St. Joseph's Medical Center 523 North 3 rd Street Brainerd, MN 56401
Sr. Danile Lynch	St. Scholastica Monastery 1001 Kenwood Avenue Duluth, MN 55811-2300
Jennifer Mahling-Stadum, M.D.	Brainerd Clinic 2024 South 6 th Street Brainerd, MN 56401 2617 Chippewa Shores Brainerd, MN 56401
Mark Ronnei	Grandview Lodge 23521 Nokomis Avenue Nisswa, MN 56468

**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name: St. Joseph's Medical Center
Date Filed: 09/06/1985
File Number: Y-1111
Minnesota Statutes, Chapter: 317A
Home Jurisdiction: Minnesota

This certificate has been issued on: 08/31/2020



Steve Simon

Steve Simon
Secretary of State
State of Minnesota