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Division of Corporations

**F23000001320**

Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
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Email Address: ECMSTeam1@wolterskluwer.com

2023-03-07 08:25:29

**FOREIGN PROFIT/NONPROFIT CORPORATION**  
**Providence Health System-Southern California, Inc.**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

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S. ROBERTS

MAR - 8 2023

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## 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. Providence Health System-Southern California  
(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.)  
Providence Health System-Southern California, Inc.  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. California 3. 51-0216589  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/05/1903 5. \_\_\_\_\_  
(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. 1801 Land Ave SW, Renton, WA 98057  
(Principal office street address)  
\_\_\_\_\_  
(Current mailing address, if different)
8. Health Care 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: 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.*

C T Corporation System

By

Maria Ozaeta  
(Registered agent's signature)

Maria Ozaeta, Vice President

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: Erik G. Wexler  
☐ Vice Chairman Address: 1601 Lind Ave. SW, #9016  
☐ Director Renton WA 98057  
☒ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer \_\_\_\_\_  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Gregory Hoffman  
☐ Vice Chairman Address: 1601 Lind Ave. SW, #9016  
☐ Director Renton WA 98057  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☒ Treasurer \_\_\_\_\_  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Anna Pearson  
☐ Vice Chairman Address: 1601 Lind Ave. SW, #9016  
☐ Director Renton WA 98057  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☒ Secretary ☐ Treasurer \_\_\_\_\_  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: James D. Watson  
☐ Vice Chairman Address: 1601 Lind Ave. SW, #9016  
☐ Director Renton WA 98057  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer \_\_\_\_\_  
☒ Other Assistant Secretary ☐ Other: \_\_\_\_\_

☐ Chairman Name: Jim Martin  
☐ Vice Chairman Address: 1601 Lind Ave. SW, #9016  
☐ Director Renton WA 98057  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer \_\_\_\_\_  
☐ Other: \_\_\_\_\_ ☒ Other Assistant Treasurer

☐ Chairman Name: Richard Blair  
☐ Vice Chairman Address: 1601 Lind Ave. SW, #9016  
☒ Director Renton WA 98057  
☐ 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 James D. Watson  
 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14 James D. Watson, Assistant Secretary  
 (Typed or printed name and capacity of person signing application)

**PROVIDENCE HEALTH SYSTEM-SOUTHERN CALIFORNIA  
OFFICERS/DIRECTORS (CNTD.)**

Isaiah Crawford, PhD., Director, 1801 Lind Ave. SW, #9016, Renton, Washington 98057

Sr. Diane Hejna, CSJ, RN, Director, 1801 Lind Ave. SW, #9016, Renton, Washington 98057

Sr. Phyllis Hughes, RSM, Dr. PH, Director, 1801 Lind Ave. SW, #9016, Renton, Washington 98057

Mary Beth Kingston, Director, 1801 Lind Ave. SW, #9016, Renton, Washington 98057

Mary Lyons, PhD, Director, 1801 Lind Ave. SW, #9016, Renton, Washington 98057

Michael Murphy, Director, Chair, 1801 Lind Ave. SW, #9016, Renton, Washington 98057

Sr. Carol Pacini, LCM, Director, 1801 Lind Ave. SW, #9016, Renton, Washington 98057

Charles Sorenson, MD, Director, 1801 Lind Ave. SW, #9016, Renton, Washington 98057

Eric Sprunk, Director, 1801 Lind Ave. SW, #9016, Renton, Washington 98057



## Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

**Entity Name:** PROVIDENCE HEALTH SYSTEM-SOUTHERN CALIFORNIA  
**Entity No.:** 0038992  
**Registration Date:** 12/05/1903  
**Entity Type:** Nonprofit Corporation - CA - Religious  
**Formed In:** CALIFORNIA  
**Status:** Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of February 20, 2023.

A handwritten signature in black ink, appearing to read "Shirley N. Weber".

SHIRLEY N. WEBER, PH.D.  
Secretary of State

**Certificate No.:** 083821324

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at [bizfileOnline.sos.ca.gov](https://bizfileOnline.sos.ca.gov).