

2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000004050

Entity Name: THE NEBRASKA MEDICAL CENTER CORPORATION**Current Principal Place of Business:**987400 NEBRASKA MEDICAL CENTER
OMAHA, NE 68198-7400**Current Mailing Address:**987400 NEBRASKA MEDICAL CENTER
OMAHA, NE 68198-7400**FEI Number:** 91-1858433**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** KRISTA SWENSON

01/17/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title C
Name GOLD, JEFFREY P
Address 5001 WITTON HALL
986605 NEBRASKA MEDICAL CENTER

City-State-Zip: OMAHA NE 68198-6605

Title TD
Name GREWCOCK, BRUCE E
Address 3555 FARNAM ST
City-State-Zip: OMAHA NE 68131

Title DIRECTOR
Name MCCLURG, JAMES E PHD
Address 2030 SURFSIDE DR.
City-State-Zip: LINCOLN NE 68528

Title DIRECTOR
Name KEEGAN, NANCY
Address 2197 SHERINGHAM LANE
City-State-Zip: LOS ANGELES CA 90077

Title VC
Name BAY, MOGENS C
Address ONE VALMONT PLAZA
City-State-Zip: OMAHA NE 68154

Title D
Name CANEDY, JAMES T DR.
Address 9140 WEST DODGE ROAD
City-State-Zip: OMAHA NE 68114

Title DIRECTOR
Name BURGHER, LOUIS W MD, PHD
Address 101 SO 42ND STREET
City-State-Zip: OMAHA NE 68131

Title SECRETARY
Name LINDER, JAMES MD
Address 527 N ELMWOOD ROAD
City-State-Zip: OMAHA NE 68132

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JEFFREY P. GOLD

CHAIRMAN

01/17/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BRITIGAN, BRADLEY MD
Address 985520 NEBRASKA MEDICAL CENTER
City-State-Zip: OMAHA NE 68198-6545

Title DIRECTOR
Name FRITZ, LANCE M
Address UNION PACIFIC CORP
1400 DOUGLAS STREET STOP 0310
City-State-Zip: OMAHA NE 68179

Title CEO, DIRECTOR
Name DEBEHNKE, DANIEL MD, MBA
Address 987400 NEBRASKA MEDICAL CENTER
City-State-Zip: OMAHA NE 68198-7400

Title DIRECTOR
Name GREENE, GEORGE M MD
Address NEUROLOGICAL SURGERY, INC.
4242 FARNAM ST SUITE 363
City-State-Zip: OMAHA NE 68131