

**2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000000683

**Entity Name:** AURORA HEALTH CARE FOUNDATION, INC.

**Current Principal Place of Business:**

750 W VIRGINIA ST  
MILWAUKEE, WI 53204

**Current Mailing Address:**

2025 WINDSOR DRIVE  
OAK BROOK, IL 60523 US

**FEI Number:** 39-6044569

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR, CHAIRMAN  
Name GARCIA-THOMAS, CRISTY  
Address 750 W VIRGINIA ST  
City-State-Zip: MILWAUKEE WI 53204

Title DIRECTOR  
Name KINGSTON, MARY BETH  
Address 750 W VIRGINIA ST  
City-State-Zip: MILWAUKEE WI 53204

Title SECRETARY, DIRECTOR  
Name HART, RACHELLE  
Address 750 W. VIRGINIA STREET  
City-State-Zip: MILWAUKEE WI 53204

Title DIRECTOR  
Name DALEN-BARD, JEFFREY  
Address 750 W VIRGINIA ST  
City-State-Zip: MILWAUKEE WI 53204

Title TREASURER, DIRECTOR  
Name NELSON, NAN  
Address 750 W VIRGINIA ST  
City-State-Zip: MILWAUKEE WI 53204

Title DIRECTOR  
Name KILLORAN, CARRIE  
Address 750 W VIRGINIA ST  
City-State-Zip: MILWAUKEE WI 53204

Title ASST. SECRETARY  
Name KERNS, MICHAEL  
Address 2025 WINDSOR DRIVE  
City-State-Zip: OAK BROOK IL 60523

Title DIRECTOR  
Name FINLEY-HAZLE, GABRIELLE  
Address 750 W VIRGINIA ST  
City-State-Zip: MILWAUKEE WI 53204

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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: MICHAEL KERNS**

**ASSISTANT SECRETARY 02/14/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR, PRESIDENT  
Name WININGER, LESLIE  
Address 750 W VIRGINIA ST  
City-State-Zip: MILWAUKEE WI 53204

Title ASST. SECRETARY  
Name SLINKMAN, JAMES  
Address 2025 WINDSOR DRIVE  
City-State-Zip: OAK BROOK IL 60523

Title ASST. TREASURER  
Name HALVERSON, HALVERSON  
Address 750 W VIRGINIA ST  
City-State-Zip: MILWAUKEE WI 53204

Title ASST. SECRETARY  
Name KETNER, KATHERINE  
Address 1043 E MOREHEAD STREET  
SUITE 201  
City-State-Zip: CHARLOTTE NC 28204

Title ASST. SECRETARY  
Name DWYER, SUE  
Address 750 W VIRGINIA ST  
City-State-Zip: MILWAUKEE WI 53204

Title ASST. TREASURER  
Name CLARK, BRADLEY  
Address JANEWAY TOWER, 10TH FLOOR  
MEDICAL CENTER BOULEVARD  
City-State-Zip: WINSTON-SALEM NC 27157