

2023 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

FILED
Apr 05, 2023
Secretary of State
6374960174CC

Current Mailing Address:

3075 HIGHLAND PARKWAY
SUITE 600
DOWNERS GROVE, IL 60515 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 POTTS, DENNIS
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 ASSISTANT 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 ASSISTANT 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 PRESIDENT, DIRECTOR
Name VARJU, RANDY
Address 3075 HIGHLAND PARKWAY
STE 600
City-State-Zip: DOWNERS GROVE IL 60515

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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 04/05/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASST. SECRETARY
Name KERNS, MICHAEL
Address 3075 HIGHLAND PARKWAY
STE 600
City-State-Zip: DOWNERS GROVE IL 60515