

2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000001611

Entity Name: ROGERS MEMORIAL HOSPITAL INCORPORATED**Current Principal Place of Business:**34700 VALLEY ROAD
OCONOMOWOC, WI 53066**Current Mailing Address:**34700 VALLEY ROAD
OCONOMOWOC, WI 53066**FEI Number:** 39-1139101**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STUEBER, ARNOLD
2002 NORTH LOIS AVENUE, STE 400
TAMPA, FL 33607 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:** ARNOLD STUEBER

04/17/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title BOARD SECRETARY
Name PANZER, MARY E
Address 34700 VALLEY ROAD
City-State-Zip: OCONOMOWOC WI 53066

Title BOARD VICE-CHAIR
Name MOHR, MARK W
Address 34700 VALLEY ROAD
City-State-Zip: OCONOMOWOC WI 53066

Title BOARD MEMBER
Name ANDRITSCH, PATRICK
Address 34700 VALLEY ROAD
City-State-Zip: OCONOMOWOC WI 53066

Title PRESIDENT
Name HAMMER, PATRICK T
Address 34700 VALLEY ROAD
City-State-Zip: OCONOMOWOC WI 53066

Title BOARD CHAIR
Name SCHMIDT, CALVIN
Address 34700 VALLEY ROAD
City-State-Zip: OCONOMOWOC WI 53066

Title BOARD TREASURER
Name BAUER, NICK
Address 34700 VALLEY ROAD
City-State-Zip: OCONOMOWOC WI 53066

Title BOARD MEMBER
Name BADER, DANIEL
Address 34700 VALLEY ROAD
City-State-Zip: OCONOMOWOC WI 53066

Title BOARD MEMBER
Name BORELL, MARTIN
Address 34700 VALLEY ROAD
City-State-Zip: OCONOMOWOC WI 53066

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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: ARNOLD STUEBER

CFO

04/17/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title BOARD MEMBER
Name KUBLY FRITZ, MOLLY
Address 34700 VALLEY ROAD
City-State-Zip: OCONOMOWOC WI 53066

Title BOARD MEMBER
Name MEANS, DEMOND A EDD
Address 34700 VALLEY ROAD
City-State-Zip: OCONOMOWOC WI 53066

Title BOARD MEMBER
Name STAPLETON, MAUREEN
Address 34700 VALLEY ROAD
City-State-Zip: OCONOMOWOC WI 53066

Title BOARD MEMBER
Name FLANAGAN, KEVIN
Address 34700 VALLEY ROAD
City-State-Zip: OCONOMOWOC WI 53066

Title BOARD MEMBER
Name SEYMOUR, KRISTINE
Address 34700 VALLEY ROAD
City-State-Zip: OCONOMOWOC WI 53066

Title BOARD MEMBER
Name MARKSON MAGNUS, GINA DVM
Address 34700 VALLEY ROAD
City-State-Zip: OCONOMOWOC WI 53066

Title BOARD MEMBER
Name RIEMANN, BRADLEY C PHD
Address 34700 VALLEY ROAD
City-State-Zip: OCONOMOWOC WI 53066

Title BOARD MEMBER
Name WERTZ, JONATHAN JD, RN
Address 34700 VALLEY ROAD
City-State-Zip: OCONOMOWOC WI 53066

Title BOARD MEMBER
Name HALVERSON, JERRY MD
Address 34700 VALLEY ROAD
City-State-Zip: OCONOMOWOC WI 53066

Title CFO
Name STUEBER, ARNOLD
Address 34700 VALLEY ROAD
City-State-Zip: OCONOMOWOC WI 53066