#### 2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000001611

Entity Name: ROGERS MEMORIAL HOSPITAL INCORPORATED

**FILED** Mar 19, 2019 **Secretary of State** 3344926340CC

## **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:

REGISTERED AGENTS INC. 7901 4TH STREET NORTH SUITE300

ST. PETERSBURG, FL 33702 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: BILL HAVRE 03/19/2019

> Date Electronic Signature of Registered Agent

#### Officer/Director Detail:

Title **BOARD SECRETARY** Title **BOARD VICE-CHAIR** Name GORMACKI, BARB Name ANDRITSCH, PATRICK Address 34700 VALLEY ROAD Address 34700 VALLEY ROAD City-State-Zip: OCONOMOWOC WI 53066

City-State-Zip: OCONOMOWOC WI 53066

Title **BOARD TREASURER** Title **BOARD CHAIR** 

Name BAUER, NICK Name SCHMIDT, CALVIN

Address 34700 VALLEY ROAD Address 34700 VALLEY ROAD

City-State-Zip: OCONOMOWOC WI 53066 OCONOMOWOC WI 53066 City-State-Zip:

Title **BOARD MEMBER** Title **BOARD MEMBER** BORELL, MARTIN Name BADER, DANIEL Name 34700 VALLEY ROAD Address Address 34700 VALLEY ROAD

City-State-Zip: OCONOMOWOC WI 53066 City-State-Zip: OCONOMOWOC WI 53066

Title BOARD MEMBER Title **BOARD MEMBER** 

Name FITZPATRICK, CHRISTOPHER Name FLANAGAN, KEVIN

Address 34700 VALLEY ROAD Address 34700 VALLEY ROAD

OCONOMOWOC WI 53066 City-State-Zip: City-State-Zip: OCONOMOWOC WI 53066

#### Continues on page 2

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.

03/19/2019 SIGNATURE: ARNOLD STUEBER CFO/OFFICER

# Officer/Director Detail Continued:

TitleBOARD MEMBERTitleBOARD MEMBERNameHAMMER, PATRICKNameHALVERSON, JERRYAddress34700 VALLEY ROADAddress34700 VALLEY ROAD

City-State-Zip: OCONOMOWOC WI 53066 City-State-Zip: OCONOMOWOC WI 53066

Title BOARD MEMBER Title BOARD MEMBER

Name LEHRMAN, JON Name MARKSON MAGNUS, GINA
Address 34700 VALLEY ROAD Address 34700 VALLEY ROAD

Address 34700 VALLEY ROAD Address 34700 VALLEY ROAD

City-State-Zip: OCONOMOWOC WI 53066 City-State-Zip: OCONOMOWOC WI 53066

TitleBOARD MEMBERTitleBOARD MEMBERNameMULLIGAN, BILLNameRIEMANN, BRADLEYAddress34700 VALLEY ROADAddress34700 VALLEY ROAD

City-State-Zip: OCONOMOWOC WI 53066 City-State-Zip: OCONOMOWOC WI 53066

Title BOARD MEMBER Title CFO

NameSTAPLETON, MAUREENNameSTUEBER, ARNOLDAddress34700 VALLEY ROADAddress34700 VALLEY ROAD

City-State-Zip: OCONOMOWOC WI 53066 City-State-Zip: OCONOMOWOC WI 53066