#### 2016 FOREIGN NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F14000001611

Entity Name: ROGERS MEMORIAL HOSPITAL INCORPORATED

FILED Feb 29, 2016 Secretary of State CR2837987051

**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:

CHANG, BENJAMIN 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: BENJAMIN CHANG 02/29/2016

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title BS Title BVC

Name PANZER, MARY E Name MOHR, MARK W

Address N11892 PANZER ROAD Address W333N3463 HICKORY LANE

City-State-Zip: BROWNSVILLE WI 53006 City-State-Zip: NASHOTAH WI 53058

Title D Title DIRECTOR

NameANDRITSCH, PATRICKNameGOTTSACKER, PETERAddress35300 PABST ROADAddressW314N7155 HWY 83City-State-Zip:OCONOMOWOC WI 53066City-State-Zip:HARTLAND WI 53029

Title D Title DIRECTOR

Name HAMMER, PATRICK T Name MULLIGAN , WILLIAM T

Address N59W38121 MAINLAND DRIVE Address 10825 NORTH PEBBLE LANE

City-State-Zip: OCONOMOWOC WI 53066 City-State-Zip: MEQUON WI 53092

Title DIRECTOR Title CEO

Name WELTZIN , THEODORE E MD Name MUELLER, PAUL A

Address 205 LAKEWOOD BLVD. Address 34700 VALLEY ROAD

City State 7in: OCCNOMOWOC MU 52056

City-State-Zip: MADISON WI 53704 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.

SIGNATURE: KEITH DEGNER EXEC VP & CFO 02/29/2016

Electronic Signature of Signing Officer/Director Detail

Date

### Officer/Director Detail Continued:

Title EVPCFO Title VPO

NameDEGNER, KEITHNameFILLMAN, T. ORVINAddress34700 VALLEY ROADAddress34700 VALLEY ROAD

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

Title VPHC Title VPPC

NamePATTERSON, RENEENameSCHULTZ, TERESAAddress34700 VALLEY ROADAddress34700 VALLEY ROAD

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

TitleEXECUTIVE VP AND CFOTitleVP OF OPERATIONS - REGIONALNameHENDRICK, MICHAELNameLEDBETTER, JAMES E PHDAddress34700 VALLEY ROADAddress34700 VALLEY ROAD

Address 34700 VALLEY ROAD Address 34700 VALLEY ROAD

City-State-Zip: OCONOMOWOC WL 53066 City-State-Zip: OCONOMOWOC WL 53066

City-State-Zip: OCONOMOWOC WI 53066

Title VP OF OPERATIONS - OCONOMOWOC Title VP OF OPERATIONS - BROWN DEER

Name HARRISON, SUZANNE D MPH Name KUBICEK, JIM

Address 34700 VALLEY ROAD Address 34700 VALLEY ROAD

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

Title BC Title DIRECTOR
Name BAUER, NIC

Name SCHMIDT, CALVIN Name BAUER, NICK
Address 34700 VALLEY ROAD Address 34700 VALLEY ROAD

Address 34700 VALLEY ROAD Address 34700 VALLEY ROAD

City-State-Zip: OCONOMOWOC WI 53066

Title DIRECTOR Title DIRECTOR

NameBADER, DANIELNameBORELL, MARTINAddress34700 VALLEY ROADAddress34700 VALLEY ROAD

City-State-Zip: OCONOMOWOC WI 53066

Title DIRECTOR Title DIRECTOR

Name KUBLY, MOLLY Name MAGNUS, GINA MARKSON DVM

Address 34700 VALLEY ROAD Address 34700 VALLEY ROAD

City-State-Zip: OCONOMOWOC WI 53066

Title DIRECTOR

Name MEANS, DEMOND A EDD Name RIEMANN, BRADLEY C PHD

Address 34700 VALLEY ROAD Address 34700 VALLEY ROAD

City-State-Zip: OCONOMOWOC WI 53066

Title DIRECTOR

Name WERTZ, JONATHAN JD, RN
Name STAPLETON, MAUREEN

Address 34700 VALLEY ROAD
Address 34700 VALLEY ROAD

City-State-Zip: OCONOMOWOC WI 53066