

2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000002364

Entity Name: ALEGENT CREIGHTON HEALTH CORPORATION

Current Principal Place of Business:

12809 W DODGE RD
OMAHA, NE 68154

FILED
May 01, 2024
Secretary of State
0004207183CC

Current Mailing Address:

12809 W DODGE RD
OMAHA, NE 68154 US

FEI Number: 47-0757164

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
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: TRACY KELLNER

05/01/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name YATES, WILLIAM T
Address 12809 W DODGE RD
City-State-Zip: OMAHA NE 68154

Title DIRECTOR
Name SOUKUP, MAURITA RSM
Address 12809 W DODGE RD
City-State-Zip: OMAHA NE 68154

Title DIRECTOR
Name HEIMANN, NADINE OSF
Address 12809 W DODGE RD
City-State-Zip: OMAHA NE 68154

Title DIRECTOR, VC
Name BARNEY, WILLIAM KENT
Address 12809 WEST DODGE ROAD
City-State-Zip: OMAHA NE 68154

Title DIRECTOR
Name MORGAN, HEATHER MD
Address 12809 WEST DODGE ROAD
City-State-Zip: OMAHA NE 68154

Title DIRECTOR
Name PETERSDORF, JOHN
Address 12809 WEST DODGE ROAD
City-State-Zip: OMAHA NE 68154

Title DIRECTOR, TREASURER
Name WILSON, MARDELL ED.D, RDN
Address 12809 WEST DODGE ROAD
City-State-Zip: OMAHA NE 68154

Title DIRECTOR
Name BACON, KELLY
Address 12809 W DODGE RD
City-State-Zip: OMAHA NE 68154

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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: KEVIN T. FITZGERALD

CHAIRMAN

05/01/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR, CHAIRMAN
Name FITZGERALD, KEVIN T. S.J., PH.D., M.DIV.
Address 12809 W DODGE RD
City-State-Zip: OMAHA NE 68154

Title DIRECTOR
Name SEARCY, L.G.
Address 12809 W DODGE RD
City-State-Zip: OMAHA NE 68154

Title DIRECTOR
Name ALLOWAY, CYNTHIA
Address 12809 W DODGE RD
City-State-Zip: OMAHA NE 68154

Title DIRECTOR
Name BRICKER, TIM
Address 12809 W DODGE RD
City-State-Zip: OMAHA NE 68154

Title DIRECTOR, SECRETARY
Name GUPTA, KIRTIBALA MD, PH.D., FAAP
Address 12809 W DODGE RD
City-State-Zip: OMAHA NE 68154

Title DIRECTOR
Name TAYLOR, DAVE
Address 12809 W DODGE RD
City-State-Zip: OMAHA NE 68154

Title DIRECTOR
Name KUTLER, KATHRYNE
Address 12809 W DODGE RD
City-State-Zip: OMAHA NE 68154