

2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000004991

Entity Name: ALLINA HEALTH SYSTEM, INC.

Current Principal Place of Business:

ALLINA HEALTH
2925 CHICAGO AVENUE
MINNEAPOLIS, MN 55407

Current Mailing Address:

ALLINA HEALTH
2925 CHICAGO AVENUE
MINNEAPOLIS, MN 55407 US

FEI Number: 36-3261413

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 SENIOR VP, GENERAL COUNSEL AND
SECRETARY TO THE ALLINA BOARD
OF DIRECTORS
Name SMITH, ELIZABETH TRUESDELL JD,
MPH
Address ALLINA HEALTH
2925 CHICAGO AVENUE
City-State-Zip: MINNEAPOLIS MN 55407

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: ELIZABETH SMITH

SENIOR VP, GENERAL
COUNSEL AND
SECRETARY

04/30/2018

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date