

**2019 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 TRUESDELL SMITH

SENIOR VP, GENERAL  
COUNSEL AND  
SECRETARY TO THE  
ALLINA BOARD OF  
DIRECTORS

03/28/2019

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date