

2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000005366

Entity Name: WEST PENN ALLEGHENY HEALTH SYSTEM, INC.

Current Principal Place of Business:

120 FIFTH AVENUE
SUITE 2900
PITTSBURGH, PA 15222

Current Mailing Address:

120 FIFTH AVENUE
SUITE 2900
PITTSBURGH, PA 15222 US

FEI Number: 25-0969492

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 PCEOD
Name HUNDORFEAN, CYNTHIA
Address 120 FIFTH AVENUE, SUITE 2900
City-State-Zip: PITTSBURGH PA 15222

Title S
Name BAUER, JACQUELINE M
Address 120 FIFTH AVENUE, SUITE 2900
City-State-Zip: PITTSBURGH PA 15222

Title T
Name ROHRBAUGH, JAMES
Address 120 FIFTH AVENUE, SUITE 2900
City-State-Zip: PITTSBURGH PA 15222

Title D
Name BLANDINO, DAVID A
Address 3149 ELLERS ST., SUITE 300
City-State-Zip: PITTSBURGH PA 15213

Title D
Name FARAH, TONY MD
Address 607 GRANDVIEW DR.
City-State-Zip: GIBSONIA PA 15044

Title D
Name HANLON, KAREN
Address FIFTH AVENUE PLACE
120 FIFTH AVE. SUITE 3118
City-State-Zip: PITTSBURGH PA 15222

Title D
Name LIVINGSTON, RUSSELL
Address 7 LIVINGSTON MANOR
City-State-Zip: PITTSBURGH PA 15238

Title CD
Name MACERELLI, JOSEPH A
Address 240 GRANGE RD
City-State-Zip: MCDONALD PA 15057

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: JACQUELINE M. BAUER

SECRETARY

02/01/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name MARASCO, EDWARD R
Address 284 LEWIS RUN ROAD
City-State-Zip: WEST MIFFLIN PA 15122

Title DIRECTOR
Name POMPEANI, ROBERT
Address 117 COUNTRY VIEW DRIVE
City-State-Zip: MCKEES ROCKS PA 15136

Title DIRECTOR
Name WILLIAMS, DORIS CARSON
Address 436 SEVENTH AVE.
KOPPERS BLDG. SUITE 2220
City-State-Zip: PITTSBURGH PA 15219