

2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F20000005272

Entity Name: ST. LUKE'S HEALTH NETWORK, INC.

Current Principal Place of Business:

801 OSTRUM STREET
BETHLEHEM, PA 18015

Current Mailing Address:

801 OSTRUM STREET
BETHLEHEM, PA 18015 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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 PRESIDENT, CEO
Name ANDERSON, RICHARD A
Address 801 OSTRUM STREET
City-State-Zip: BETHLEHEM PA 18015

Title VP, FINANCE/TREASURER
Name LICHTENWALNER, THOMAS P
Address 801 OSTRUM STREET
City-State-Zip: BETHLEHEM PA 18015

Title SECRETARY
Name FIELDS, DONNA
Address 801 OSTRUM STREET
City-State-Zip: BETHLEHEM PA 18015

Title CHAIRMAN
Name STAUFFER, LUANNE B
Address 801 OSTRUM STREET
City-State-Zip: BETHLEHEM PA 18015

Title VICE CHAIRMAN
Name BLACK, ROBERT B
Address 801 OSTRUM STREET
City-State-Zip: BETHLEHEM PA 18015

Title VICE CHAIRMAN
Name OSTER, ROBERT A
Address 801 OSTRUM STREET
City-State-Zip: BETHLEHEM PA 18015

Title DIRECTOR
Name ANDERSON, RICHARD A.
Address 801 OSTRUM STREET
City-State-Zip: BETHLEHEM PA 18015

Title DIRECTOR
Name CAPOBIANCO, FAUST
Address 801 OSTRUM STREET
City-State-Zip: BETHLEHEM PA 18015

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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: RICHARD A. ANDERSON

PRESIDENT

04/26/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DALE, SUSAN M.
Address 801 OSTRUM STREET
City-State-Zip: BETHLEHEM PA 18015

Title DIRECTOR
Name HUCK, PAUL E.
Address 801 OSTRUM STREET
City-State-Zip: BETHLEHEM PA 18015

Title DIRECTOR
Name LOBACH, DAVID M. JR.
Address 801 OSTRUM STREET
City-State-Zip: BETHLEHEM PA 18015

Title DIRECTOR
Name MUETHING, DAVID L.
Address 801 OSTRUM STREET
City-State-Zip: BETHLEHEM PA 18015

Title DIRECTOR
Name SAUNDERS, CHARLES D. MD
Address 801 OSTRUM STREET
City-State-Zip: BETHLEHEM PA 18015

Title DIRECTOR
Name WARNER, KRISTINA W.
Address 801 OSTRUM STREET
City-State-Zip: BETHLEHEM PA 18015

Title DIRECTOR
Name GREY, ROBERT J. ESQ.
Address 801 OSTRUM STREET
City-State-Zip: BETHLEHEM PA 18015

Title DIRECTOR
Name LESAVOY, BUDDY ESQ.
Address 801 OSTRUM STREET
City-State-Zip: BETHLEHEM PA 18015

Title DIRECTOR
Name MASCITTI, KARA B. MD
Address 801 OSTRUM STREET
City-State-Zip: BETHLEHEM PA 18015

Title DIRECTOR
Name RUMFIELD, ROBERT D,
Address 801 OSTRUM STREET
City-State-Zip: BETHLEHEM PA 18015

Title DIRECTOR
Name SORGI, VINCENT
Address 801 OSTRUM STREET
City-State-Zip: BETHLEHEM PA 18015

Title DIRECTOR
Name YEN, DAVID M. MD
Address 801 OSTRUM STREET
City-State-Zip: BETHLEHEM PA 18015