

**2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F22000003912

**Entity Name:** GEISINGER MEDICAL CENTER, INC.**Current Principal Place of Business:**100 N ACADEMY AVE  
DANVILLE, PA 17822**Current Mailing Address:**100 N ACADEMY AVE  
DANVILLE, PA 17822 US**FEI Number:** 24-0795959**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 CHAI  
Name JACOBSON, JEFFREY A  
Address 100 N ACADEMY AVE  
City-State-Zip: DANVILLE PA 17822

Title VCH  
Name HOLCOMBE, CHRIS  
Address 100 N ACADEMY AVE  
City-State-Zip: DANVILLE PA 17822

Title DIR  
Name CHU, BENJAMIN K  
Address 100 N ACADEMY AVE  
City-State-Zip: DANVILLE PA 17822

Title DIR  
Name MCGREGOR, VIRGINIA  
Address 100 N ACADEMY AVE  
City-State-Zip: DANVILLE PA 17822

Title DIR  
Name RYU, JACWON  
Address 100 N ACADEMY AVE  
City-State-Zip: DANVILLE PA 17822

Title DIR  
Name MALONEY, GERALD  
Address 100 N ACADEMY AVE  
City-State-Zip: DANVILLE PA 17822

Title DIRECTOR  
Name WALSH, MATTHEW  
Address 100 N ACADEMY AVE  
City-State-Zip: DANVILLE PA 17822

Title PRESIDENT  
Name RYU, MD, JD, JAEWON  
Address 100 N ACADEMY AVE  
City-State-Zip: DANVILLE PA 17822

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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 V ROBERTS, MBA, CPA**TREASURER****04/06/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           EVP, CFO, TREASURER  
Name           ROBERTS, MBA, CPA, KEVIN V  
Address        100 N ACADEMY AVE  
City-State-Zip: DANVILLE PA 17822

Title           EVP, CLO, SECRETARY  
Name           BENDER, ESQ., STEVEN  
Address        100 N ACADEMY AVE  
City-State-Zip: DANVILLE PA 17822

Title           CMO  
Name           LEEMING, MD, ROSEMARY  
Address        100 N ACADEMY AVE  
City-State-Zip: DANVILLE PA 17822

Title           ASSOC CLO, ASSISTANT SECRETARY  
Name           GRAMLEY, ESQ., LORI R  
Address        100 N ACADEMY AVE  
City-State-Zip: DANVILLE PA 17822