

2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F23000001320

Entity Name: PROVIDENCE HEALTH SYSTEM-SOUTHERN CALIFORNIA, INC.

FILED
Mar 08, 2024
Secretary of State
7177469768CC

Current Principal Place of Business:

1801 LIND AVE SW
RENTON, WA 98057

Current Mailing Address:

1801 LIND AVE SW
RENTON, WA 98057 US

FEI Number: 51-0216589

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 PRESIDENT, CEO
Name WEXLER, ERIK G.
Address 1801 LIND AVE SW
City-State-Zip: RENTON WA 98057

Title SECRETARY
Name NEWSOM, ANNA
Address 1801 LIND AVE SW
City-State-Zip: RENTON WA 98057

Title ASST. TREASURER
Name MARTIN, JIM
Address 1801 LIND AVE SW
City-State-Zip: RENTON WA 98057

Title CFO, TREASURER
Name HOFFMAN, GREGORY
Address 1801 LIND AVE SW
City-State-Zip: RENTON WA 98057

Title ASST. SECRETARY
Name WATSON, JAMES D.
Address 1801 LIND AVE SW
City-State-Zip: RENTON WA 98057

Title DIRECTOR
Name BLAIR, RICHARD
Address 1801 LIND AVE SW
City-State-Zip: RENTON WA 98057

Title DIRECTOR
Name MURPHY, MICHAEL
Address 1801 LIND AVE SW
City-State-Zip: RENTON WA 98057

Title DIRECTOR
Name CRAWFORD, ISIAAH PHD
Address 1801 LIND AVE SW
City-State-Zip: RENTON WA 98057

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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: JAMES D. WATSON

ASSISTANT SECRETARY 03/08/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HEJNA, SR. DIANE CSJ, RN
Address 1801 LIND AVE SW
City-State-Zip: RENTON WA 98057

Title DIRECTOR
Name KINGSTON, MARY BETH
Address 1801 LIND AVE SW
City-State-Zip: RENTON WA 98057

Title DIRECTOR
Name MARKHAM, DONNA
Address 1801 LIND AVE SW
City-State-Zip: RENTON WA 98057

Title DIRECTOR
Name PACINI, SR. CAROL LCM
Address 1801 LIND AVE SW
City-State-Zip: RENTON WA 98057

Title DIRECTOR
Name SPRUNK, ERIC
Address 1801 LIND AVE SW
City-State-Zip: RENTON WA 98057

Title DIRECTOR
Name HUGHES, SR. PHYLLIS RSM, DR. PH
Address 1801 LIND AVE SW
City-State-Zip: RENTON WA 98057

Title DIRECTOR
Name LYONS, MARY
Address 1801 LIND AVE SW
City-State-Zip: RENTON WA 98057

Title DIRECTOR
Name O'QUINN, MARVIN
Address 1801 LIND AVE SW
City-State-Zip: RENTON WA 98057

Title DIRECTOR
Name SORENSON, CHARLES MD
Address 1801 LIND AVE SW
City-State-Zip: RENTON WA 98057