

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F22000006275

Entity Name: BELOIT HEALTH SYSTEM, INC.

Current Principal Place of Business:

1969 W. HART RD.
BELOIT, WI 53511

Current Mailing Address:

1969 W. HART RD.
BELOIT, WI 53511 US

FEI Number: 39-1028081

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

URS AGENTS, LLC
3458 LAKESHORE DR
TALLAHASSEE, FL 32312 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 CHAIRMAN
Name WETTER, BONNIE
Address 1969 W. HART RD.
City-State-Zip: BELOIT WI 53511

Title VC
Name FISHER, JIM
Address 1969 W. HART RD.
City-State-Zip: BELOIT WI 53511

Title SECRETARY
Name WANG, TSU HON M.D.
Address 1969 W. HART RD.
City-State-Zip: BELOIT WI 53511

Title TREASURER
Name MCCOY, DAVID
Address 1969 W. HART RD.
City-State-Zip: BELOIT WI 53511

Title MEMBER
Name HENDRICKS, KATHY
Address 1969 W. HART RD.
City-State-Zip: BELOIT WI 53511

Title MEMBER
Name WONG, JOHN
Address 1969 W. HART RD.
City-State-Zip: BELOIT WI 53511

Title MEMBER
Name DELONG, WILLIAM
Address 1969 W. HART RD.
City-State-Zip: BELOIT WI 53511

Title MEMBER
Name LISEK, ROBERT M.D.
Address 1969 W. HART RD.
City-State-Zip: BELOIT WI 53511

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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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TSU HON WANG, M.D

SECRETARY

03/25/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title MEMBER
Name GLEIBE, MARK
Address 1969 W. HART RD.
City-State-Zip: BELOIT WI 53511

Title MEMBER
Name EGBUIJOB, LEO M.D.
Address 1969 W. HART RD.
City-State-Zip: BELOIT WI 53511

Title MEMBER
Name FRANTZ, JAMIE M.D.
Address 1969 W. HART RD.
City-State-Zip: BELOIT WI 53511