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From:

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: CORPORATION SERVICE COMPANY/

Account Number: I2000000195 Phone

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## FOREIGN NON-PROFIT QUALIFICATION

ASCENSION HEALTH - IS, INC.

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## APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

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	(4.322-4	office address)	<del>- 3</del>	10	
Rd., St. Louis, MO 63	134				
	(Current r	nailing address)			
		D. Box <u>NOT</u> acceptable)			
201 Hays Street		<del></del>		• • •	
		Florida 32301			
(	City)	(Zip Code	T		
ed as registered agen application, I hereby omply with the provid- with and accept the	vaccept the appoint dons of all statutes obligations of my po- dervice Company	ment as registered agent and agree: relative to the proper and complete;	to act in this i	capacity.	I
	t address of Florida re orporation Service Com 201 Hays Street  allahassee  (comparation Service Com allahassee  (comparation Service Com application, I hereby omply with the provider with and accept the	ion services support reporation authorized in home state or country t address of Florida registered agent: (P.C orporation Service Company  201 Hays Sucet  allahassee  (City)  gent's acceptance: est as registered agent and to accept serv application, I hereby accept the appoint omply with the provisions of all statutes	reporation authorized in home state or country to be carried out in the state of Florida)  t address of Florida registered agent: (P.O. Box NOT acceptable)  orporation Service Company  201 Hays Street  Allahassee  Florida 32301  (City)  (Zip Code  gent's acceptance:  sed as registered agent and to accept service of process for the above stated of application, I have by accept the appointment as registered agent and agree omply with the provisions of all statutes relative to the proper and complete in with and accept the obligations of my position as registered agent.	ion services support reporation authorized in home state or country to be carried out in the state of Florida)  t address of Florida registered agent: (P.O. Box NOT acceptable)  orporation Service Company  201 Hays Street  allahassee , Florida 32301  (City) (Zip Code)  gent's acceptance: sed as registered agent and to accept service of process for the above stated corporation at application. I hereby accept the appointment as registered agent and agree to act in this a omply with the provisions of all statutes relative to the proper and complete performance of with and accept the obligations of my position as registered agent.	ion services support  reportation authorized in home state or country to be carried out in the state of Florida)  t address of Florida registered agent; (P.O. Box NOT acceptable)  orporation Service Company  201 Hays Street  allahassee , Florida 32301  (City) (Zip Code)  gent's acceptance:  sed as registered agent and to accept service of process for the above stated corporation at the place application, I hereby accept the appointment as registered agent and agree to act in this capacity, omply with the provisions of all statutes relative to the proper and complete performance of my due with and accept the obligations of my position as registered agent.

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

FAX:850 558 1515

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12. Names and addresses of officers and/or directors:
A. DIRECTORS `
Chairman: Sister Hernice Corait, DC
Address: 4600 Edmundson Rd.St. Louis, MO 63134
Vice Chairman; Sherry L. Arowns
Address: 4600 Edmundson Rd.St. Louis, MO 63134
Director: Kathetine Arbuckle
Address: 4600 Edmundson RASt. Lonis, MO 63134
Director:
Address:
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B. OFFICERS
President: Sherry L.Browne
Address: 4600 Edmundson Rd.St. Louis, MO 63134
Vice President: Sister Bornice Coreil, DC (Chair)
Address: 4600 Edmundson Rd.St. Louis, MO 63134
Secretary: Katherine Artinckie
Address: 4600 Edmandson Rd.St. Louis, MO 63134
Treasuren: Katherine Arbuckle
Address: 4600 Edmundson Rd.St. Louis, MO 63134
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14 Katherine Arbuckle, Sec./Tres/Director
(Typed or printed name and capacity of person signing application)

## STATE OF MISSOURI



Robin Carnahan Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

> ASCENSION HEALTH - IS, INC. N00678365

was created under the laws of this State on the 12th day of August, 2005, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 19th day of December, 2005

Secretary of State

Certification Number: \$249798-1 Reference: 766164

Verify this certificate online at http://www.scs.mo.gov/businessentity/verification