

F060000001015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

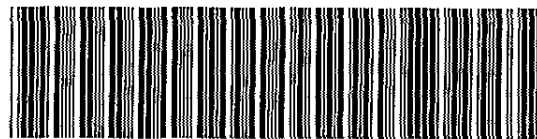
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W000-6003



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02/02/06--01013--004 **78.75

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2006 FEB 15 PM 4:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

J 2/17/06

COVER LETTER

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TO: Registration Section
Division of Corporations

2006 FEB 15 PM 4: 25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

SUBJECT: SSM Health Care Corporation

(Name of Corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

June L. Pickett

(Name of Person)

SSM Health Care Corporation

(Firm/Company)

477 North Lindbergh Boulevard

(Address)

St. Louis, Missouri 63141

(City/State and Zip Code)

For further information concerning this matter, please call:

John Dillane

(Name of Person)

at (314) 516-2619

(Area Code & Daytime Telephone Number)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☒ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

February 7, 2006

JUNE L. PICKETT
477 NORTH LINDBERGH BOULEVARD
ST. LOUIS, MO 63141

SUBJECT: SSM HEALTH CARE CORPORATION
Ref. Number: W06000006003

We have received your document for SSM HEALTH CARE CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Document Specialist
New Filing Section

Letter Number: 906A00008943

**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:*

1. **SSM Health Care Corporation**

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. Missouri 3. 46-6029223
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. November 30, 1874 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. N/A
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 477 North Lindbergh Boulevard, St. Louis, Missouri 63141
(Principal office address)

477 North Lindbergh Boulevard, St. Louis, Missouri 63141
(Current mailing address)

8. See Addendum A attached hereto.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip Code)

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TALLAHASSEE FLORIDA

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

See attached Acceptance of Appointment
(Registered agent's signature)

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.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: Sr. Jacqueline Motzel, FSM

Address: 1100 Bellevue, Administration Building, St. Louis, Missouri 63117

Vice Chairman: _____

Address: _____

Director: Sr. Joanne Klenke, FSM

Address: 1100 Bellevue, Administration Building, St. Louis, Missouri 63117

Director: Sr. Sherri Coleman, FSM

Address: 1100 Bellevue, Administration Building, St. Louis, Missouri 63117

See Addendum B for additional Directors

B. OFFICERS

President: Sr. Mary Jean Ryan, FSM

Address: 477 N. Lindbergh, St. Louis, Missouri 63141

Vice President: William C. Schoenhard

Address: 477 N. Lindbergh, St. Louis, Missouri 63141

Secretary: June L. Pickett

Address: 477 N. Lindbergh, St. Louis, Missouri 63141

Treasurer: Kris A. Zimmer

Address: 477 N. Lindbergh, St. Louis, Missouri 63141

See Addendum C for additional Officers

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. *Sr. Mary Jean Ryan, FSM*
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Sr. Mary Jean Ryan, FSM, President

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE FLORIDA

ADDENDUM A

PURPOSE

To provide either directly or in conjunction with other persons or organizations health care, health education, housing services, child care services, services for the elderly and related services and facilities and/or other charitable activities as may be determined from time to time by the Members of the corporation and the Board of Directors in accordance with the Bylaws of the corporation and with the teachings and mission of the Roman Catholic Church.

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TALLAHASSEE FLORIDA**

ADDENDUM B

ADDITIONAL DIRECTORS

4. Sr. Judith Bell, FSM
1100 Bellevue, Administration Building, St. Louis, Missouri 63117
5. Sr. Mary Jean Ryan, FSM
477 North Lindbergh Boulevard, St. Louis, Missouri 63141
6. Sr. Marylin Jean Davis, FSM
1 Provincial Court, St. Louis, Missouri 63122
7. Thomas M. Noonan
9943 Holliston Court, St. Louis, Missouri 63124
8. John Moten
2628 Wynncrest Ridge Drive, Chesterfield, Missouri 63005

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TALLAHASSEE FLORIDA

ADDENDUM C

ADDITIONAL OFFICERS

Assistant Secretary: Kris A. Zimmer
477 North Lindbergh Boulevard, St. Louis, Missouri 63141

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ACCEPTANCE OF APPOINTMENT

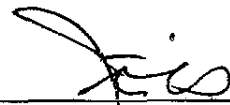
RE: **SSM Health Care Corporation**

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: December 16, 2005

C T CORPORATION SYSTEM

By



Jonathan L. Miles,
Assistant Secretary

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

STATE OF MISSOURI



Robin Carnahan
Secretary of State

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TALLAHASSEE FLORIDA

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

SSM HEALTH CARE CORPORATION
N00028524

was created under the laws of this State on the 30th day of November, 1874, 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 23rd day of January, 2006

A handwritten signature in cursive script that reads "Robin Carnahan".

Secretary of State

