

FD700000/356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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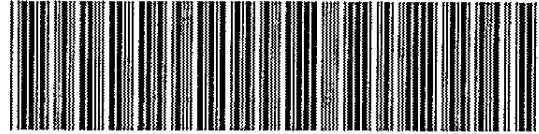
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Virginia Mason Medical Center  
(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:

Patricia Rose  
(Name of Person)

Health Resource Services/Amerinet  
(Firm/Company)

11513 Manistique Way  
(Address)

New Port Richey, FL 34654  
(City/State and Zip Code)

For further information concerning this matter, please call:

Patricia Rose at ( 727 ) 856-3072  
(Name of Person) (Area Code & Daytime Telephone Number)

**MAILING ADDRESS:**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
New Filing 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

**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. Virginia Mason Medical Center 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. Washington 3. 91-0565539  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/27/1934 5. Perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. August 1, 2006  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 11513 Manistique Way, New Port Richey, FL 34654  
(Principal office address)

11513 Manistique Way, New Port Richey, FL 34654  
(Current mailing address)

8. Group Purchasing  
(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: Patricia Rose

Office Address: 11513 Manistique Way

New Port Richey, Florida 34654  
(City) (Zip Code)

**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.*

  
(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.

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TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: Thomas Van Dawark

Address: 1100 Ninth Avenue  
Seattle, WA 98101

Vice Chairman: Evelyn Sroufe

Address: 1100 Ninth Avenue  
Seattle, WA 98101

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: J Michael Rona

Address: 1100 Ninth Avenue  
Seattle, WA 98101

Vice President: Ken Freeman

Address: 1100 Ninth Avenue  
Seattle, WA 98101

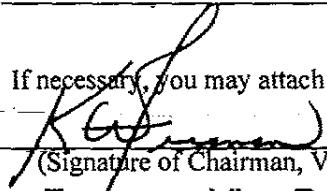
Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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. Ken Freeman, Vice President  
(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA

# The State of Washington



## Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

### CERTIFICATE OF EXISTENCE/AUTHORIZATION OF VIRGINIA MASON MEDICAL CENTER

I FURTHER CERTIFY that the records on file in this office show that the above named Non-Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 6/27/1934.

I FURTHER CERTIFY that as of the date of this certificate, VIRGINIA MASON MEDICAL CENTER remains active and has complied with the filing requirements of this office.

Date: February 13, 2007

UBI: 178-015-092

07 MAR - 8 PM 2:30  
SECRETARY OF STATE  
TALAHASSEE, FLORIDA



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State