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PICK-UP WAIT MAIL
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COVER LETTER

TO:	New Filing Section Division of Corporations	
SUBJ	ECT: Virginia Mason Medical Center	
	(Name of Corporation – must include suffix)	
Dear S	ir or Madam:	
Affair	closed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its in Florida", "Certificate of Existence", and check are submitted to register the above referenced profit corporation to conduct its affairs in Florida.	
Please	return all correspondence concerning this matter to the following:	
Pa	tricia Rose	
	(Name of Person)	۳.
	Health Resource Services/Amerinet	
	(Firm/Company)	
	11513 Manistique Way	
	(Address)	
	New Port Richey, FL 34654 (City/State and Zip Code)	
	(Old) - Land and Lasp County	
For fu	rther information concerning this matter, please call:	
.	707	
Pat	ricia Rose at (727) 856-3072 (Name of Person) (Area Code & Daytime Telephone Number)	
	(Name of Ferson) (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	
Enclo	sed is a check for the following amount:	
X \$70	.00 Filing Fee S78.75 Filing Fee & S78.75 Filing Fee & S87.50 Filing Fee, Certificate of Status Certified Copy 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

THE STATE OF FLORIDA:
լ Virginia Mason Medical Center Ըտ թտգ+ւտ
(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
(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)
29 3
8. Group Purchasing
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
(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
The real
Name: Patricia Rose
Office Address: 11513 Manistique Way
office Address:
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.

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.

(Registered agent's signature)

12. Names and addresses of officers and/or directors: 07 HAR -8 PM 2: 29 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. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

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

14. Ken Freeman, Vice President



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

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

Sam Reed, Secretary of State

