

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F07000001356

FILED  
May 11, 2009  
Secretary of State

Entity Name: VIRGINIA MASON MEDICAL CENTER CORPORATION

## Current Principal Place of Business:

11513 MANISTIQUE WAY  
NEW PORT RICHEY, FL 34654

## New Principal Place of Business:

## Current Mailing Address:

11513 MANISTIQUE WAY  
NEW PORT RICHEY, FL 34654

## New Mailing Address:

FEI Number: 91-0565539

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ROSE, PATRICIA  
11513 MANISTIQUE WAY  
NEW PORT RICHEY, FL 34654 US

## Name and Address of New Registered Agent:

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: PATRICIA ROSE

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: C ( ) Delete  
Name: DAWARK, THOMAS V  
Address: 1100 NINTH AVENUE  
City-St-Zip: SEATTLE, WA 98101

Title: V ( ) Delete  
Name: SROUFE, EVELYN  
Address: 1100 NINTH AVENUE  
City-St-Zip: SEATTLE, WA 98101

Title: P ( ) Delete  
Name: RONA, J. MICHAEL  
Address: 1100 NINTH AVENUE  
City-St-Zip: SEATTLE, WA 98101

Title: V ( ) Delete  
Name: FREEMAN, KEN  
Address: 1100 NINTH AVENUE  
City-St-Zip: SEATTLE, WA 98101

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CHR (X) Change ( ) Addition  
Name: VAN DAWARK, THOMAS CHAIR  
Address: 1100 NINTH AVENUE  
City-St-Zip: SEATTLE, WA 98101

Title: VCHR (X) Change ( ) Addition  
Name: SROUFE, EVELYN VICE CH  
Address: 1100 NINTH AVENUE  
City-St-Zip: SEATTLE, WA 98101

Title: CEO (X) Change ( ) Addition  
Name: KAPLAN, GARY CEO  
Address: 1100 NINTH AVENUE  
City-St-Zip: SEATTLE, WA 98101

Title: VP (X) Change ( ) Addition  
Name: FREEMAN, KEN VP  
Address: 1100 NINTH AVENUE  
City-St-Zip: SEATTLE, WA 98101

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARY ANNE OLMSTEAD

DIR

05/11/2009

Electronic Signature of Signing Officer or Director

Date