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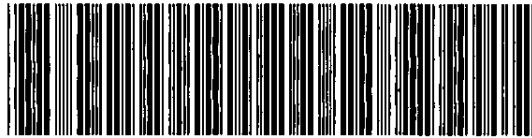
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

David
1-11-08

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Sisters of St. Francis Health Services, Inc,
(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:

Sister M, Ruth Luthman

(Name of Person)

Sisters of St. Francis Health Services, Inc.
(Firm/Company)

1515 Dragoon Trail, Mishawaka, Indiana 46546-1290

(Address)

Mishawaka, Indiana 46546-1290

(City/State and Zip Code)

For further information concerning this matter, please call:

John S. Schwartz

(Name of Person)

at (305) 238-7843

(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:*

Sisters of St. Francis Health Services, Inc.

1. _____
(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. Indiana 3. 35-1330472
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. September 19, 1974 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. January 15, 2008
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
1515 Dragoon Trail, PO Box 1290 Mishawaka, Indiana 46546-1290

7. _____
(Principal office address)

1515 Dragoon Trail, Mishawaka, Indiana 46546-1290
(Current mailing address)

8. To engage in any activity designed and conducted to promote the health of those served by
the corporation,
(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: John S. Schwartz

Office Address: 12651 S, Dixie Highway, Ste. #306

Miami, Florida 33156
(City) (Zip Code)

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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.

John S. Schwartz
(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:

See attached

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President:

Address:

Vice President:

Address:

Secretary:

Address:

Treasurer:

Address:

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

13.

Sister M. Ruth Luthman

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14.

Sister M. Ruth Luthman, Secretary

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

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TALLAHASSEE, FLORIDA

SSFHS Trustees	Title	Address
Sister Jane Marie Klein	Chair and Trustee	P.O. Box 1290 Mishawaka, IN 46546-1290
Kevin D Leahy	President and Trustee	P.O. Box 1290 Mishawaka, IN 46546-1290
Sister M. Ann Kathleen Magiera	Treasurer and Trustee	P.O. Box 1290 Mishawaka, IN 46546-1290
Sister M. Angela Mellady	Trustee	P.O. Box 766 Mishawaka, IN 46546-0766
Sister M. Anna Marie Hoffmeyer	Trustee	P.O. Box 766 Mishawaka, IN 46546-0766
Sister M. Clare Reuille	Trustee	P.O. Box 766 Mishawaka, IN 46546-0766
Sister M. Marlene Shapley	Trustee	1600 Albany Street Beech Grove, IN 46107
Kathleen Goeppinger, PhD	Trustee	555 31st Street Downers Grove, IL 60515
John Ladowicz	Trustee	951 E. Lincoln Hwy New Lenox, IL 60451
Sister M. Corita Last	Vice President and Trustee	1501 Hartford Lafayette, IN 47904
Sister Marilyn Oliver	Trustee	2701 Spring Street Fort Wayne, IN
Sister Rose Agnes Pfautsch	Trustee	P.O. Box 766 Mishawaka, IN 46546-0766
Sister M. Madonna Rougeau	Trustee	1423 Chicago Road Chicago Heights, IL
Robert E. McBride, M.D.	Trustee	113 East Fourth Street Michigan City, IN 46360
James D. Rogge, M.D.	Trustee	5121 Beaumont Way So. Drive Indianapolis, IN
Sister M. Ruth Luthman	Secretary	P.O. Box 1290 Mishawaka, IN 46546-1290
Sister M. Vincetta Traffas	Secretary Emmeritus	1515 Dragoon Trail Mishawaka, IN 46546-0766

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To Whom These Presents Come, Greetings:

I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

SISTERS OF ST. FRANCIS HEALTH SERVICES, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on September 19, 1974, and was in existence or authorized to transact business in the State of Indiana on January 08, 2008.

I further certify this Non-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand
and affixed the seal of the State of Indiana, at the
city of Indianapolis, this Eighth Day of January, 2008.

A handwritten signature in black ink that reads "Todd Rokita".

TODD ROKITA, Secretary of State

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