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Belleville, IL 62226

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GAYLE A. TIEMANN
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EMAIL: GAT@GREENSFELDER.COM

November 12, 2009

New Filing Section
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

Re: SSM Health Businesses Inc.


Dear Sir or Madam:

Please find enclosed an original and one (1) copy of an Application for Authority to Conduct Affairs in Florida for SSM Health Businesses Inc. Also enclosed is our Certificate of Good Standing as obtained from the State of Missouri, as well as our check in the amount of \$78.75, made payable to Florida Secretary of State, for the filing fees. Please return a file-stamped copy to me in the enclosed self-addressed, stamped envelope.

If you have any questions, please do not hesitate to contact me. Thank you in advance for your assistance in this matter.

Very truly yours,

GREENSFELDER, HEMKER & GALE, P.C.

By: 
Gayle A. Tiemann (PST)
Corporate Paralegal

Enclosures

#1168333v1

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SSM Health Businesses 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", or "Certificate of Good Standing" 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:

Gayle Tiemann

Name of Person

Greensfelder, Hemker & Gale, P.C.

Firm/Company

10 S. Broadway, Ste. 2000

Address

St. Louis, MO 63102

City/State and Zip Code

gat@greensfelder.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gayle Tiemann

Name of Person

at (314) 241-9090

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. SSM Health Businesses Inc.
(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. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 5/23/1984 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, MO 63141
(Principal office address)
477 North Lindbergh Boulevard, St. Louis, MO 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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, _____, Florida 33324
(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.

C T Corporation System
By: see attached
(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

ACCEPTANCE OF APPOINTMENT

RE: SSM Health Businesses, Inc.

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: November 2, 2009

C T CORPORATION SYSTEM

By Katherine Lackey
Katherine Lackey,
Assistant Secretary

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

A. DIRECTORS

Chairman: N/A
Address: _____

Vice Chairman: N/A
Address: _____

Director: Sr. Mary Jean Ryan, FSM
Address: 477 North Lindbergh Boulevard, St. Louis, MO 63141

Director: Steven M. Barney
Address: 477 North Lindbergh Boulevard, St. Louis, MO 63141

B. OFFICERS

President: William P. Thompson
Address: 477 North Lindbergh Boulevard, St. Louis, MO 63141

Vice President: William P. Thompson
Address: 477 North Lindbergh Boulevard, St. Louis, MO 63141

Secretary: June L. Pickett
Address: 477 North Lindbergh Boulevard, St. Louis, MO 63141

Treasurer: Kris A. Zimmer
Address: 477 North Lindbergh Boulevard, St. Louis, MO 63141

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

13. William P. Thompson
(Signature of Director or Officer listed in number 12 of the application)

14. William P. Thompson, President
(Typed or printed name and capacity of person signing application)

ADDENDUM A

PURPOSE

To provide either directly or in conjunction with other persons or organizations, health care, health care facilities, offices and services and related or complementary facilities and services.

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TALLAHASSEE, FLORIDA**

ADDENDUM B

ADDITIONAL DIRECTORS

3. Thomas K. Langston
477 North Lindbergh Boulevard, St. Louis, Missouri 63141
4. Paula J. Friedman
477 North Lindbergh Boulevard, St. Louis, Missouri 63141
5. Dixie L. Platt
477 North Lindbergh Boulevard, St. Louis, Missouri 63141
6. James M. Sanger
477 North Lindbergh Boulevard, St. Louis, Missouri 63141
7. Philip P. Gustafson
400 N. Pleasant Avenue, Centralia, Illinois 62801
8. Mary Starmann-Harrison
2901 Landmark Pl., Suite 300, Madison, Wisconsin 53713
9. William P. Thompson
477 North Lindbergh Boulevard, St. Louis, Missouri 63141
10. Kris A. Zimmer
477 North Lindbergh Boulevard, St. Louis, Missouri 63141
11. Chris D. Howard
1001 N. Dewey, Oklahoma City, Oklahoma 73101

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ADDENDUM C

ADDITIONAL OFFICERS

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

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TALLAHASSEE, FLORIDA

STATE OF MISSOURI



Robin Carnahan
Secretary of State

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SECRETARY OF STATE
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 BUSINESSES
N00031260

was created under the laws of this State on the 23rd day of May, 1984, 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 11th day of November, 2009

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

Secretary of State

