

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000000960

FILED
Jan 06, 2012
Secretary of State

Entity Name: PROVIDENCE HEALTH & SERVICES-OREGON, INC.

Current Principal Place of Business:

6410 NE HALSEY
PORTLAND, OR 97213

New Principal Place of Business:

Current Mailing Address:

6410 NE HALSEY
PORTLAND, OR 97213

New Mailing Address:

FEI Number: 51-0216587

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C
Name: DEAN, SP, LUCIELLE M
Address: 1801 LIND AVE SW #9016
City-St-Zip: RENTON, WA 98057

Title: D
Name: CLODE, MD, JEFFREY B
Address: 1801 LIND AVE SW #9016
City-St-Zip: RENTON, WA 98057

Title: D
Name: DAVIS, LCM, M. ADRIAN
Address: 1801 LIND AVE SW #9016
City-St-Zip: RENTON, WA 98057

Title: P
Name: KOSTER, JOHN F
Address: 1801 LIND AVE SW #9016
City-St-Zip: RENTON, WA 98057

Title: VPT
Name: BUTLER, MICHAEL L
Address: 1801 LIND AVE SW #9016
City-St-Zip: RENTON, WA 98057

Title: S
Name: ROGERS, JEFFREY W
Address: 1801 LIND AVE SW #9016
City-St-Zip: RENTON, WA 98057

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JEFFREY W ROGERS

VP

01/06/2012

Electronic Signature of Signing Officer or Director

Date