

F11000003405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

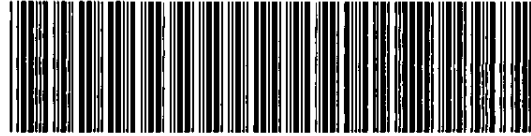
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

MRP
8/23

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Ascension Health Risk Purchasing Group, 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:

Joseph R. Impicciche
Name of Person

Ascension Health Risk Purchasing Group, Inc.
Firm/Company

4600 Edmundson Road
Address

St. Louis, MO 63134
City/State and Zip Code

jimpicciche@ascensionhealth.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph Impicciche at (314) 733-8000
Name of Person 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. Ascension Health Risk Purchasing Group, 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. 27-4176480
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/30/2010 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. 4600 Edmundson Road, St. Louis, MO 63134
(Principal office address)

4600 Edmundson Road, St. Louis, MO 63134
(Current mailing address)

8. Purchase liability insurance for its Members and conduct business under the laws of Florida
(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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip Code)

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TALLAHASSEE, FLORIDA

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.


(Registered agent's signature)
Corporation Service Company

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.

s and addresses of officers and/or directors:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: James K. Beckmann, Jr.

Address: 4600 Edmundson Road
St. Louis, MO 63134

Vice Chairman: Robert J. Henkel

Address: 4600 Edmundson Road
St. Louis, MO 63134

Director: Christine K. McCoy

Address: 4600 Edmundson Road
St. Louis, MO 63134

Director: Anthony J. Speranzo

Address: 4600 Edmundson Road
St. Louis, MO 63134

B. OFFICERS

President: James K. Beckmann, Jr.

Address: 4600 Edmundson Road
St. Louis, MO 63134

Vice President: N/A

Address: _____

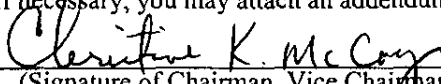
Secretary: Christine K. McCoy

Address: 4600 Edmundson Road, St. Louis, MO 63134

Treasurer: Anthony J. Speranzo

Address: 4600 Edmundson Road, St. Louis, MO 63134

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

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Christine K. McCoy, Secretary, Ascension Health Risk Purchasing Group, Inc.
(Typed or printed name and capacity of person signing application)

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ASCENSION HEALTH RISK PURCHASING GROUP, INC.

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OTHER OFFICERS:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chair

Robert J. Henkel
4600 Edmundson Road
St. Louis, MO 63134

STATE OF MISSOURI



Robin Carnahan
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ASCENSION HEALTH RISK PURCHASING GROUP, INC.
N01102458

was created under the laws of this State on the 30th day of November, 2010, 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 16th day of August, 2011

Robin Carnahan

Secretary of State

