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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

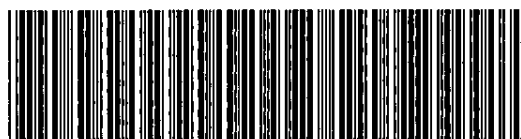
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch JAN 05 2012

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Spectrum Health Systems, 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:

Rosemary S. Marshall

Name of Person

Spectrum Health Systems, Inc.

Firm/Company

10 Mechanic Street, Suite 302

Address

Worcester, MA 01608

City/State and Zip Code

rosemary.marshall@spectrumsys.org

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

For further information concerning this matter, please call:

Rosemary Marshaall

Name of Person

at (508) 792-5400

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. Spectrum Health Systems, 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. Massachusetts 3. 042478978
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. April 20, 1971 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. 10 Mechanic Street, Suite 302, Worcester, MA 01608
(Principal office address)

10 Mechanic Street, Suite 302, Worcester, MA 01608
(Current mailing address)

8. Substance Abuse Treatment Services
(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.

By: Lauren H. Kretz
(Registered agent's signature)
**Lauren H. Kretz
Special Assistant
Secretary**

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

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

A. DIRECTORS

Chairman: Mark Bilotta

Address: 5 Stonehouse Lane

Worcester, MA 01609

Vice Chairman: David Grenier

Address: Cutler Capital Management

306 Main Street, Worcester, MA 01608

Director: John Renner

Address: 11 Braddock Park #A

Boston, MA 02116-5816

Director: Gerardo Gonzalez, M.D.

Address: 509 Plantation Street, Spt. 114

Worcester, MA 01605

B. OFFICERS

President: Charles J. Faris

Address: 16 Field Road

Leominster, MA 01453

Vice President: None

Address:

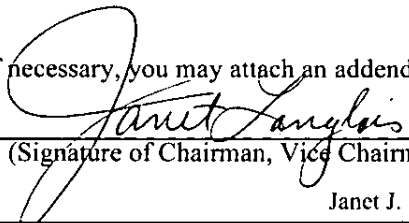
Secretary: Susan Suchocki-Brown

Address: 42 Country Lane, Leominster, MA 01453

Treasurer: Janet Langlois

Address: 10 1/2 A Rangers Drive, Hudson, NH 03051

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. Janet J. Langlois, Chief Financial Officer
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Spectrum Health Systems, Inc.
Board of Trustees October 7, 2011**

Name	Home	Business	Term
David Felper	61 Magill Drive Grafton, MA 01519	Bowditch & Dewey 311 Main Street Worcester, MA 016150156	1-yr Expire: 10/6/2012
e. Assistant Secretary	(508) 839 7866	(508) 926 3452	Cell:
		dfelper@bowditch.com	
Name	Home	Business	Term
Verilyn Mitchell	42 Summit Street Clinton, MA 01510	MassDevelopment Finance Agency 33 Andrews Parkway Devens, MA 01434	3-Yr. Expire: 10/5/2013
k. Trustee	(978) 368 7529	(978) 784 2928	Cell:
		MMitchell@Massdevelopment.com	(617) 519 6228
Name	Home	Business	Term
Brian Garrity	6 Talbot Road Hingham, MA 02043	Roberto, Israel & Weiner 255 State Street, 7th Floor Boston, MA 02109	3-yrs Expire: 10/6/2014
l. Trustee	(781) 749 5577	(617) 742 4200	Cell:
		bg@riw.com	(617) 653 5611
Name	Home	Business	Term
Brenda Jenkins	13 Benefit Street Worcester, MA 01610	YMCA of Greater Worcester 766 Main Street Worcester, MA 01610	3 yrs Expire: 10/6/2014
m. Trustee		(508) 755 6101	Cell:
		bjenkins@ymcaofcm.org	(508) 963 3878
Name	Home	Business	Term
James Connors	58 Oliver Street Fitchburg, MA 01420	Attorney James Connors P. O. Box 7592 Fitchburg, MA 01420	3-yrs Expire: 10/27/2012
n. Trustee		(978) 345 2671	Cell:
		connorsesquire@gmail.com	
Name	Home	Business	Term
Richard Clayman	615 Revere Beach Boulevard Revere, MA 02151	100 Everett Avenue, Suite 2 Chelsea, MA 02150	3-yrs Expire: 10/5/2013
p. Trustee	(617) 284 7120	(617) 884 7181	Cell:
		relayman@claymaninterests.com	(617) 224 8497

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 SECRETARY OF COMMONWEALTH
 32 JAN - 4 2011
 10/5/2013



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

Date: December 21, 2011

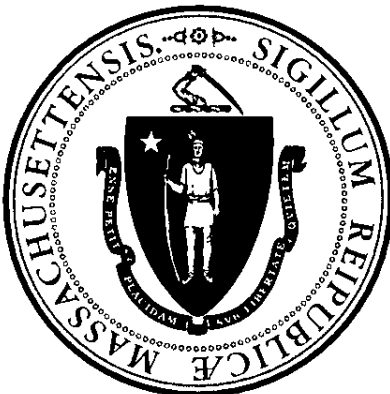
To Whom It May Concern :

I hereby certify that according to the records of this office,
SPECTRUM HEALTH SYSTEMS, INC.

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FALL MASSACHUSETTS, FIDMND

is a domestic corporation organized on **April 20, 1971**

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 180 section 26 A, for revocation of the charter of said corporation; that the State Secretary has not received notice of dissolution of the corporation pursuant to Massachusetts General Laws, Chapter 180, Section 11, 11A, or 11B; that said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 11125523570

Verify this Certificate at: <http://corp.sec.state.ma.us/corp/Certificates/Verify.asp>

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