



COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: VIRGINIA MASON MEDICAL CENTER  
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:

MARY ANNE OLMSTEAD  
Name of Person

VIRGINIA MASON MEDICAL CENTER  
Firm/Company

1100 NINTH AVENUE  
Address

SEATTLE WA 98101  
City/State and Zip Code

maryanne.olmstead@vmc.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARY ANNE OLMSTEAD at ( 206 ) 625-7371  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

12 MAY 25 AM 10:33

DIVISION OF CORPORATIONS

May 8, 2012

MARY OLMSTEAD  
1100 NINTH AVE  
SEATTLE, WA 98101

SUBJECT: VIRGINA MAON MEDICAL CENTER  
Ref. Number: W12000025477

We have received your document for VIRGINA MAON MEDICAL CENTER and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$806.25.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch  
Regulatory Specialist II

Letter Number: 212A00013742



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
12 JUN 11 PM 4:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

May 29, 2012

MARY OLMSTEAD  
1100 NINTH AVE  
SEATTLE, WA 98101

SUBJECT: VIRGINA MASON MEDICAL CENTER CORPORATION  
Ref. Number: W12000025477

We have received your document for VIRGINA MASON MEDICAL CENTER CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$806.25.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch  
Regulatory Specialist II

Letter Number: 812A00015408

**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. VIRGINIA MASON MEDICAL CENTER CORPORATION  
(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. WASHINGTON 3. 91-0565539  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6/27/1934 5. Perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 03/09/2007  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 1100 NINTH AVENUE SEATTLE WA 98101  
(Principal office address)

1100 NINTH AVENUE SEATTLE WA 98101  
(Current mailing address)

8. GROUP PURCHASING  
(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: SETH WARDELL


Office Address: 4001 LONICERA LOOP

ST. JOHNS, Florida 32857  
(City) (Zip Code)

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12 JUN 13 PM 4:05  
SECRETARY OF STATE  
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)

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: CAROLYN CORVI

Address: 1100 NINTH AVENUE  
SEATTLE, WA 98101

Vice Chairman: EUGLYN SROUFE

Address: 1100 NINTH AVENUE  
SEATTLE, WA 98101

**CEO**  
Director: GARY KAPLAN

Address: 1100 NINTH AVENUE  
SEATTLE, WA 98101

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: \_\_\_\_\_

Address: \_\_\_\_\_

Vice President: KEN FREEMAN

Address: 1100 NINTH AVENUE  
SEATTLE, WA 98101

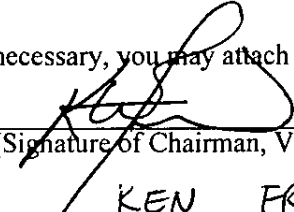
Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**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. KEN FREEMAN \_\_\_\_\_  
(Typed or printed name and capacity of person signing application)

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12 JUN 13 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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UNITED STATES OF AMERICA

# The State of Washington



## Secretary of State

I, **SAM REED**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

**CERTIFICATE OF EXISTENCE/AUTHORIZATION**  
**OF**  
**VIRGINIA MASON MEDICAL CENTER**

FILED  
12 JUN 13 PM 4: 05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I **FURTHER CERTIFY** that the records on file in this office show that the above named Non-Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 6/27/1934.

I **FURTHER CERTIFY** that as of the date of this certificate, VIRGINIA MASON MEDICAL CENTER remains active and has complied with the filing requirements of this office.

Date: May 2, 2012

UBI: 178-015-092



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State