



**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Gundersen Lutheran Administrative Services, 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 Status" 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:

Daniel Lilly, General Counsel

Name of Person

Gundersen Lutheran Administrative Services, Inc.

Firm/Company

Mailstop GB1-001

1910 South Ave.

Address

La Crosse, WI 54601

City/State and Zip Code

djlilly@gundluth.org

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

For further information concerning this matter, please call:

Christine Kakuska

Name of Person

at ( 608 ) 775-6619

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. Gundersen Lutheran Administrative Services, 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. Wisconsin 3. 39-1606449  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. November 20, 1987 5. Perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 1910 South Avenue, LaCrosse, WI 54601  
(Principal office address)

1910 South Avenue, Mailstop GBI-001, LaCrosse, WI 54601  
(Current mailing address)

8. To provide financial & other support to Gundersen Lutheran Health System, Inc. & other affiliates  
(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

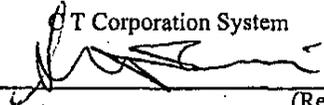
Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip Code)

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13 FEB -4 PM 4:00  
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.

By: Sierra Burris  
  
(Registered agent's signature)  
**Sierra Burris**  
Vice President & 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.

12. Names and addresses of officers and/or directors

**A. DIRECTORS**

Chairman: Jeffrey E. Thompson, M.D.  
Address: 1910 South Avenue, La Crosse, WI 54601

Vice Chairman: Julio J. Bird, M.D.  
Address: 1910 South Avenue, La Crosse, WI 54601

Director: Gregory P. Thompson, M.D.  
Address: 1910 South Avenue, La Crosse, WI 54601

Director: Brian M. Sieck, M.D.  
Address: 1910 South Avenue, La Crosse, WI 54601  
See attached for list of additional directors

**B. OFFICERS**

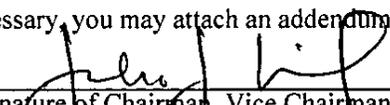
President: Jeffrey E. Thompson, M.D.  
Address: 1910 South Avenue, La Crosse, WI 54601

Vice President: Julio J. Bird, M.D.  
Address: 1910 South Avenue, La Crosse, WI 54601

Secretary: Brian M. Sieck, M.D.  
Address: 1910 South Avenue, La Crosse, WI 54601

Treasurer: Brian M. Sieck, M.D.  
Address: 1910 South Avenue, La Crosse, WI 54601

**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. Julio J. Bird, M.D., Executive Vice President  
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE FLORIDA

Frank J. Aberger, MD  
1910 South Avenue, La Crosse, WI 54601

William A. Agger, MD  
1910 South Avenue, La Crosse, WI 54601

Kelley A. Bahr, MD  
1910 South Avenue, La Crosse, WI 54601

Brian M. Mulrennan, MD  
1910 South Avenue, La Crosse, WI 54601

Stephen B. Shapiro, MD, FACS  
1910 South Avenue, La Crosse, WI 54601

Jonathan A. Zlabek, MD, FACP  
1910 South Avenue, La Crosse, WI 54601

Jerry Kember  
1910 South Avenue, La Crosse, WI 54601

Wendy Lommen  
1910 South Avenue, La Crosse, WI 54601

Mark Platt  
1910 South Avenue, La Crosse, WI 54601

Gregory Prairie  
1910 South Avenue, La Crosse, WI 54601

Brian Rude  
1910 South Avenue, La Crosse, WI 54601

Brad Sturm  
1910 South Avenue, La Crosse, WI 54601

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

United States of America  
State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS  
Division of Corporate & Consumer Services

To All to Whom These Presents Shall Come, Greeting:

I, PAUL M. HOLZEM, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

**GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES, INC.**

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is November 20, 1987.

I further certify that said corporation or limited liability company has, within its most recently completed reporting year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.

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13 FEB -4 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on January 24, 2013.

*Paul M. Holzem*

PAUL M. HOLZEM, Administrator  
Division of Corporate and Consumer Services  
Department of Financial Institutions

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

DFI/Corp/33

**To validate the authenticity of this certificate**

Visit this web address: <http://www.wdfi.org/apps/ccs/verify/>

Enter this code: **116408-479DADC3**