

F 14000004058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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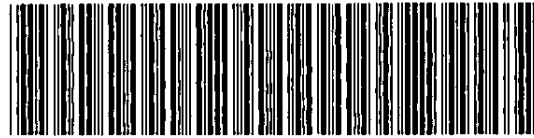
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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TALLAHASSEE, FLORIDA

9/29/14

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DATE: 9/26/14

NAME: CENTRAL VIRGINIA HEALTH NETWORK, INC

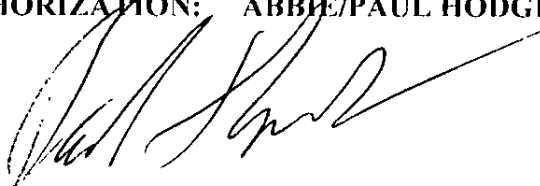
TYPE OF FILING: APPLICATION

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TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. **Central Virginia Health Network, Inc.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **VIRGINIA** 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. **5/28/1993** 5. **Perpetual**
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **2201 West Broad Street, Suite 202, Richmond, VA, 23220**
(Principal office address)

2201 West Broad Street, Suite 202, Richmond, VA, 23220
(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

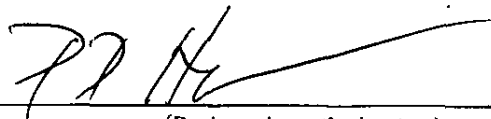
Name: **Florida Filing & Search Services, Inc.**

Office Address: **155 Office Plaza Drive, Suite A**

Tallahassee, Florida **32301**
(City) (Zip code)

9. 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)

10. 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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11. Names and business addresses of officers and/or directors:

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A. DIRECTORS

Chairman: Please see attached.

Address: Please see attached.

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Vice Chairman: Please see attached.

Address: Please see attached.

Director: Please see attached.

Address: Please see attached.

Director: Please see attached.

Address: Please see attached.

B. OFFICERS

President: Please see attached.

Address: Please see attached.

Please see attached.

Vice President: Please see attached.

Address: Please see attached.

Secretary: Please see attached.

Address: Please see attached.

Treasurer: Please see attached.

Address: Please see attached.

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

12.

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13.

Michael Matthews

CEO

(Typed or printed name and capacity of person signing application)

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Officer	Director Name	Address	Title
✓	✓ SISTER ANNE MACK	MARIE BON SECOURS-RICHMOND HEALTH SYSTEM 5801 BREMO ROAD RICHMOND VA 23226	TREASURER
✓	✓ LARRY FITZGERALD	UVA HEALTH CENTER PO BOX 800788 MC ADMIN, SUITE CHARLOTTESVILLE VA 22906	SECRETARY
✓	MICHAEL MATTHEWS	B 2201 W BROAD STREET RICHMOND VA 23220-2022	CEO
✓	✓ JAMES SOK, FACHE	SHELTERING ARMS PHYSICAL REHAB HOSPITAL 8254 ATLEE ROAD MECHANICSVILLE VA 23116	VICE CHAIRMAN
✓	✓ MICHAEL SPINE	BON SECOURS RICHMOND 5801 BREMO ROAD, MOB SOUTH SUITE 803 RICHMOND VA 23226	CHAIRMAN
✓	✓ JOHN BARRETT	BON SECOURS HAMPTON ROADS 150 KINGSLEY LANE NORFOLK VA 23505	DIRECTOR
✓	✓ PETER BERNARD	J BON SECOURS RICHMOND HEALTH SYSTEM 5801 BREMO ROAD RICHMOND VA 23226	DIRECTOR
✓	✓ W BURNETTE	SCOTT COMMUNITY MEMORIAL HEALTH CTR PO BOX 80 SOUTH HILL VA 23870	DIRECTOR
✓	✓ BEN CLARK	CENTRA 1920 ATHERHOLT ROAD LYNCHBURG VA 24501	DIRECTOR
✓	✓ RAY COSTABILE	UVA MEDICAL CENTER DEPT OF UROLOGY, PO BOX 800422 CHARLOTTESVILLE VA 22906	DIRECTOR
✓	✓ MARK GORDON	ST. FRANCIS MEDICAL CENTER 13700 ST. FRANCIS BLVD. MIDLOTHIAN VA 23114	DIRECTOR
✓	✓ MARY GRAF	ANNE BON SECOURS-RICHMOND HEALTH SYSTEM 5801 BREMO ROAD RICHMOND VA 23226	DIRECTOR
✓	✓ JACK HESTER, SR.	R. RAPPAHANNOCK GENERAL HOSPITAL PO BOX 1449 KILMARNOCK VA 22482	DIRECTOR
✓	✓ MICHAEL KERNER	BON SECOURS HAMPTON ROADS 5818A HARBOUR VIEW BLVD, STE A1 SUFFOLK VA 23435	DIRECTOR
✓	✓ KAREN RHEUBAN, MD	UVA MEDICAL CENTER PO BOX 800711, MCKIM HALL ROOM G151 CHARLOTTESVILLE VA 22906	DIRECTOR
✓	✓ DANNY SHABAN, MD	DOMINION WOMEN'S HEALTH, INC 8239 MEADOWBRIDGE RD., SUITE A MECHANICSVILLE VA 23116	DIRECTOR

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That CENTRAL VIRGINIA HEALTH NETWORK, INC. is duly incorporated under the law of the Commonwealth of Virginia;

That the date of its incorporation is May 28, 1993;

That the period of its duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

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*Signed and Sealed at Richmond on this Date:
September 18, 2014*

Joel H. Peck
Joel H. Peck, Clerk of the Commission