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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000017277 3)))



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**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

RECEIVED  
2016 JAN 21 AM 11:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FOREIGN PROFIT/NONPROFIT CORPORATION**

**Vanderbilt University Medical Center, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	08
Estimated Charge	\$70.00

JAN 22 2016

Y-SULKER

Electronic Filing Menu

Corporate Filing Menu

Help

### COVER LETTER

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

**SUBJECT:** Vanderbilt University 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 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:

Robin Lundquist

Name of Person

Vanderbilt University Medical Center

Firm/Company

2100 West End Ave., Suite 750

Address

Nashville, TN 37203

City/State and Zip Code

robin.lundquist@vanderbilt.edu

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

For further information concerning this matter, please call:

J. Schroeder

Name of Person

at ( 713 )

332-3793

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. Vanderbilt University Medical Center, 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.)

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

2. Tennessee 3. 35-2528741  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 03/18/2015 5. Perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 1161 21st Avenue South, Medical Center North Suite D-3300, Nashville, TN 37232  
(Principal office address)

(Current mailing address)

8. Conduct pharmacy operations and other healthcare related business consistent with Vanderbilt University Medical Center's mission.  
(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: NRAI Services, Inc.

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.*

NRAI Services, Inc.  Joy Schroeder, Asst. Secretary  
By: \_\_\_\_\_  
(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: See attached

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

Vice Chairman: \_\_\_\_\_

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

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

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

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

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

B. OFFICERS

President: See attached

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

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

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

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

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

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

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

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

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

14. John F. Manning, Jr., Interim Secretary and Chief Operating Officer  
(Typed or printed name and capacity of person signing application)

FILED  
16 JAN 21 AM 11:12  
MAIL ROOM  
FLORIDA

1/21/2016 11:47:42 AM From: To: 8506176383( 5/8 )

**Vanderbilt University Medical Center  
Corporate Officers and Board of Directors**

**Corporate Officers**

**President and CEO:**

Jeffrey R. Balser  
1161 21<sup>st</sup> Avenue South  
Medical Center North Suite D-3300  
Nashville, TN 37232  
(615) 936-3030

**Interim Secretary and COO:**

John F. Manning, Jr.  
1161 21<sup>st</sup> Avenue South  
Medical Center North Suite D-3300  
Nashville, TN 37232  
(615) 322-0230

**Deputy CEO and  
Chief Clinical Officer**

C. Wright Pinson  
1161 21<sup>st</sup> Avenue South  
Medical Center North Suite D-3300  
Nashville, TN 37232  
(615) 343-9324

**Treasurer and CFO:**

Cecelia B. Moore  
1161 21<sup>st</sup> Avenue South  
Medical Center North Suite D-3300  
Nashville, TN 37232  
(615) 322-0084

**Board Chair**

Edith S.C. Johnson  
95 White Bridge Rd. Suite 514  
Nashville, TN 37205  
(615) 356-0991

**Board Vice Chair**

John F. Stein  
414 Union St.  
Nashville, TN 37219  
(615) 749-3012

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1/21/2016 11:47:42 AM From: To: 8506176383( 6/8 )

**Board of Directors**

Bruce R. Evans  
222 Berkeley St., 18<sup>th</sup> Floor  
Boston, MA 02116  
Phone: (617) 824-1020

Jackson W. Moore  
5872 Ridge Bend Rd.  
Memphis, TN 38120  
Phone: (901) 763-2288

David W. Patterson  
2440 M Street NW, Suite 817  
Washington, DC 20037  
Phone: (202) 833-5707

Nicholas S. Zeppos  
211 Kirkland Hall  
2201 West End Ave.  
Nashville, TN 37240  
Phone: (615) 322-1813

Jeffrey R. Balser (President and CEO)  
1161 21<sup>st</sup> Avenue South  
Medical Center North Suite D-3300  
Nashville, TN 37232  
(615) 936-3030

Michael M.E. Johns  
1440 Clifton Rd. NE Suite 400  
Atlanta, GA 30322  
(404) 816-7367

Edith S.C. Johnson (Board Chair)  
95 White Bridge Rd. Suite 514  
Nashville, TN 37205  
(615) 356-0991

Richard B. Johnston, Jr.  
13001 E. 17<sup>th</sup> Place  
Aurora, CO 80045  
(303) 724-5365

Samuel E. Lynch  
3340 Southall Rd.  
Franklin, TN 37064  
(615) 218-1624

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ATLANTA, FLORIDA

1/21/2016 11:47:42 AM From: To: 8506176383( 7/8 )

Thomas J. Sherrard III  
150 3<sup>rd</sup> Avenue South, Suite 1100  
Nashville, TN 37201  
(615) 742-4523

John F. Stein (Board Vice Chair)  
414 Union St.  
Nashville, TN 37219  
(615) 749-3012

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NASHVILLE, TENN.



STATE OF TENNESSEE  
Tre Hargett, Secretary of State  
Division of Business Services  
William R. Snodgrass Tower  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

NRAI CORPORATE SERVICES  
2390 E CAMELBACK ROAD  
PHOENIX, AZ 85016

January 14, 2016

Request Type: Certificate of Existence/Authorization  
Request #: 0190485

Issuance Date: 01/14/2016  
Copies Requested: 1

Document Receipt

Receipt #: 002388165

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3661171620

\$20.00

Regarding: Vanderbilt University Medical Center

Filing Type: Nonprofit Corporation - Domestic

Formation/Qualification Date: 03/18/2015

Status: Active

Duration Term: Perpetual

Business County: DAVIDSON COUNTY

Control #: 792687

Date Formed: 03/18/2015

Formation Locale: TENNESSEE

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Vanderbilt University Medical Center

\* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;

\* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

\* has filed the most recent annual report required with this office;

\* has appointed a registered agent and registered office in this State;

\* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett  
Secretary of State

Processed By: Cert Web User

Verification #: 015663426