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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AUG 01 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Medical College of Wisconsin, 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:

Amy McNallie

Name of Person

The Medical College of Wisconsin, Inc.

Firm/Company

8701 Watertown Plank Road

Address

Milwaukee, WI 53226

City/State and Zip Code

legal@mcw.edu

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

For further information concerning this matter, please call:

Amy McNallie

Name of Person

at (414)
Area Code

955-8481

Daytime Telephone Number

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration 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. The Medical College of Wisconsin, 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. Wisconsin 3. 39-0806261
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. July 18, 1918 5. _____
(Date of Incorporation) (Date of duration, if other than 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. 8701 Watertown Plank Road, Milwaukee, WI 53226
(Principal office address)

(Current mailing address, if different)

8. health care 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: 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.

Connie Bryah
Connie Bryah, Assistant Sec.
(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.

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2011 JUL 29 P 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: Mary Ellen Stanek
Address: 8701 Watertown Plank Road
Milwaukee, WI 53226

Vice Chairman: Stephen Roell
Address: 8701 Watertown Plank Road
Milwaukee, WI 53226

Director: Jay B. Williams
Address: 8701 Watertown Plank Road
Milwaukee, WI 53226

Director: P. Michael Mahoney
Address: 8701 Watertown Plank Road
Milwaukee, WI 53226

B. OFFICERS

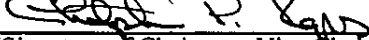
President: John R. Raymond, Sr. M.D.
Address: 8701 Watertown Plank Road
Milwaukee, WI 53226

Vice President: Christopher P. Kops
Address: 8701 Watertown Plank Road
Milwaukee, WI 53226

Secretary: Jay B. Williams
Address: 8701 Watertown Plank Road, Milwaukee, WI 53226

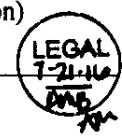
Treasurer: P. Michael Mahoney
Address: 8701 Watertown Plank Road, Milwaukee, WI 53226

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. Christopher P. Kops, Senior Vice President for Finance and Administration & COO
(Typed or printed name and capacity of person signing application)

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2009 JUL 29 PM 12:15
CLERK 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, GEORGE PETAK, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

THE MEDICAL COLLEGE OF WISCONSIN, 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 July 18, 1918.

I further certify that said corporation or limited liability company has, within its most recently completed report 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.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on May 18, 2016.

A handwritten signature in cursive script that reads "George Petak".

GEORGE PETAK, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions



DFI/Corp/33

To validate the authenticity of this certificate

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

Enter this code: **176367-FD64FF0D**