

F17000003946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

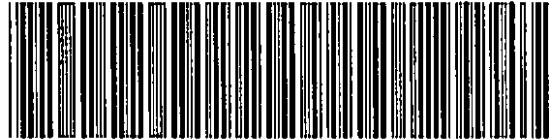
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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*J 8/31/17*

FILED  
17 AUG 28 PM 12:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
AUG 21 2017  
QUALIS HEALTH

August 10, 2017

VIVIAN VASSALL  
10700 MERIDIAN AVE NORTH, SUITE 100  
SEATTLE, WA 98133 US

SUBJECT: QUALIS HEALTH  
Ref. Number: W17000065662

We have received your document for QUALIS HEALTH and your check(s) totaling \$87.50. 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 name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please return the corrected original and one copy of 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) 254-6051.

Judy A Leggett  
Regulatory Specialist II  
Registration Section

Letter Number: 217A00016368

4703147  
2017 AUG 20 PM 8:37  
JAL/VASSALL  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** QUALIS HEALTH

\_\_\_\_\_  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

VIVIAN VASSALL

\_\_\_\_\_  
Name of Person

QUALIS HEALTH

\_\_\_\_\_  
Firm/Company

10700 MERIDIAN AVE NORTH, SUITE 100

\_\_\_\_\_  
Address

SEATTLE, WA 98133

\_\_\_\_\_  
City/State and Zip code

VIVIANV@QUALISHEALTH.ORG

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

For further information concerning this matter, please call:

VIVIAN VASSALL

206

206-364-9700

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

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 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.

QUALIS HEALTH CORPORATION

1. \_\_\_\_\_  
(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. WASHINGTON 3. 91-1072875  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. APRIL 20, 1979 5. PERPETUAL  
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 10700 MERIDIAN AVE N SUITE 100 SEATTLE, WA 98133  
(Principal office address)  
PO BOX 33400 SEATTLE, WA 98133  
(Current mailing address, if different)

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

Name: Corporation Service Company  
Office Address: 1201 Hays Street  
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.*

Corporation Service Company

By: Michael Cambareri  
(Registered agent's signature)

Michael Cambareri  
Asst. Vice President

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.

FILED  
17 AUG 28 PM 12:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors

**A. DIRECTORS**

Chairman: HUGH STRALEY, MD  
Address: 10700 MERIDIAN AVENUE NORTH SUITE 100  
SEATTLE, WA 98133

Vice Chairman: STEVEN BURGON, JD  
Address: 10700 MERIDIAN AVENUE NORTH SUITE 100  
SEATTLE, WA 98133

Director: KAREN MERRIKIN, JD  
Address: 10700 MERIDIAN AVENUE NORTH SUITE 100  
SEATTLE, WA 98133

Director: MARGARET STANLEY, MHA  
Address: 10700 MERIDIAN AVENUE NORTH SUITE 100  
SEATTLE, WA 98133

**B. OFFICERS**

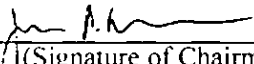
President: JONATHAN R. SUGARMAN, MD, MPH  
Address: 10700 MERIDIAN AVENUE NORTH SUITE 100  
SEATTLE, WA 98133

Vice President: MARCI SCOTT-WEIS, RN, MPH, CCM  
Address: 10700 MERIDIAN AVENUE NORTH SUITE 100  
SEATTLE, WA 98133

Secretary: JAMES W. TRUESS  
Address: 10700 MERIDIAN AVENUE NORTH SUITE 100, SEATTLE, WA 98133

Treasurer: JAMES W. TRUESS  
Address: 10700 MERIDIAN AVENUE NORTH SUITE 100, SEATTLE, WA 98133 (see attached Director list)

**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. JONATHAN R. SUGARMAN, MD, MPH, PRESIDENT & CEO  
(Typed or printed name and capacity of person signing application)

Board of Directors

William Hogan	10700 Meridian Avenue North, Suite 100, Seattle, WA 98133	Director
Richard K. Onizuka, PhD	10700 Meridian Avenue North, Suite 100, Seattle, WA 98133	Director
Stuart Freed, MD	10700 Meridian Avenue North, Suite 100, Seattle, WA 98133	Director
Thomas Wadsworth, Pharm.D., BCPS	10700 Meridian Avenue North, Suite 100, Seattle, WA 98133	Director
Thomas Varghese, Jr., MD, MS, FACS	10700 Meridian Avenue North, Suite 100, Seattle, WA 98133	Director
Frankie T. Manning, MSN, RN	10700 Meridian Avenue North, Suite 100, Seattle, WA 98133	Director
Mark Secord	10700 Meridian Avenue North, Suite 100, Seattle, WA 98133	Director

UNITED STATES OF AMERICA

# The State of Washington



## Secretary of State

I, **KIM WYMAN**, Secretary of State of the State of Washington and custodian of its seal,  
hereby issue this

### CERTIFICATE OF EXISTENCE OF QUALIS HEALTH

**I FURTHER CERTIFY** that the records on file in this office show that the above named entity  
was formed under the laws of the State of Washington and that its public organic record  
was filed in Washington and became effective on 4/20/1979.

**I FURTHER CERTIFY** that the entity's duration is Perpetual.  
and that as of the date of this certificate, the records of the Secretary of State  
do not reflect that this entity has been dissolved.

**I FURTHER CERTIFY** that all fees, interest and penalties owed to this state and collected  
through the Secretary of State have been paid.

**I FURTHER CERTIFY** that the most recent annual report has been delivered to the Secretary  
of State for filing and that proceedings for administrative dissolution are not pending.

Date: July 21, 2017

UBI: 600-316-656

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

Kim Wyman, Secretary of State

