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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JK
10/5/17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Portland Adventist 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:

Keaton Mendoza
Name of Person

Adventist Health
Firm/Company

2100 Douglas Blvd.
Address

Roseville, CA 95661
City/State and Zip Code

mendozkd@ah.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keaton Mendoza at 916 () 781-4627
Name of Person Area Code 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. Portland Adventist 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. Oregon 3. 93-0429015
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08-13-1923 5. Perpetual
 (Date of Incorporation) (Date of duration, if other than perpetual)

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

7. 10123 SE Market St., Portland, OR 97216
 (Principal office address)

(Current mailing address, if different)

8. Religious nonprofit health care services to promote the practices and beliefs of the Seventh-day Adventist Church
 (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)

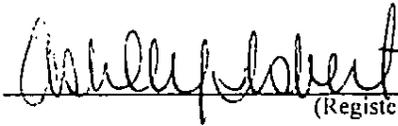
Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
 (City) (Zip Code)

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 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.


 (Registered agent's signature) **Ashley Isbert**
Assistant Vice President

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: Scott Reiner
Address: 2100 Douglas Blvd.
Roseville, CA 95661

Vice Chairman: Bill Wing
Address: 2100 Douglas Blvd.
Roseville, CA 95661

Director: SEE ATTACHMENT FOR DIRECTORS
Address: _____

Director: _____
Address: _____

B. OFFICERS

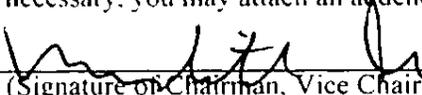
President: David Russell
Address: 10123 SE Market St.
Portland, OR 97216

Vice President: _____
Address: _____

Secretary: Meredith Jobe
Address: 2100 Douglas Blvd., Roseville, CA 95661

Treasurer: Aaron Poole
Address: 10123 SE Market St., Portland, OR 97216

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. Meredith Jobe, Secretary
(Typed or printed name and capacity of person signing application)

ATTACHMENT A

List of Directors:

David Banks
Robert Cherry, MD
Andrew Davis
John Freedman
Melody Gabriel
Ricardo Graham
Kerry Heinrich
Larry Innocent
James Pedersen
B. Scott Reiner
Richard Reiner
Wesley Rippey, MD
Velino Salazar
Billy Wing

Address: 2100 Douglas Blvd.
Roseville, CA 95661

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certificate of Existence 657Z432C4

I, DENNIS RICHARDSON, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:

PORTLAND ADVENTIST MEDICAL CENTER

is

a Nonprofit Corporation

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.

In Testimony Whereof, I have hereunto set
my hand and affixed hereto the Seal of the
State of Oregon.



A handwritten signature in cursive script, reading "Dennis Richardson".

DENNIS RICHARDSON, SECRETARY OF STATE

9/1/2017