F17000005079

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer							
Special Instructions to Filing Officer:							

Office Use Only



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18 HAW SELECTIONION



COVER LETTER

TO:	Division of Corporations							
SHRI	ECT: QUALIS HEALTH CORPORATION							
3010	Name of Corporation – must include suffix							
Dear S	r or Madam:							
Affair	closed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its in Florida". "Certificate of Existence", or "Certificate of Status" and check are submitted to the above referenced not for profit corporation to conduct its affairs in Florida.							
Please	return all correspondence concerning this matter to the following:							
	VIVIAN VASSALL							
	Name of Person							
•	QUALIS HEALTH							
	Firm/Company							
	10700 MERIDIAN AVE N							
SUITE 100								
Address SEATTLE, WA 98133								
	VIVIANV@QUALISHEALTH.ORG							
	E-mail address: (to be used for future annual report notification)							
For fu	her information concerning this matter, please call:							
VIVI	N VASSALL 206 288-2403 at ()							
	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	S:						
Enclos	ed is a check for the following amount:							
□ \$76	.00 Filing Fee \$\Bigcup \text{\$\sigma}\$78.75 Filing Fee \$\Bigcup \text{\$\sigma}\$78.75 Filing Fee \$\Bigcup \text{\$\sigma}\$ \$\text{\$\sigma}\$ \$\t	Status &						

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.

(If name una	vailable in Florida, enter altern	nate corporate name adopted for the purpose of transacting business	ss in Florida)	
2 WASHING	TON	3 91-1072875		
(State or co	untry under the law of which i	it is incorporated) 3. 91-1072875 (FEI number, if applicable)		
4. APRIL 20, 1	979	- PERPETUAL		
	(Date of Incorporation)	Oate of duration, if other than perp	petual)	
ő NA				
(Date first con	ducted affairs in Florida if prior	a to registration. See sections 617-1301 & 617-1302, F.S., to determin	e penalty liabilit	v)
5 1201 HAYS	STREET			
f		(Principal office address)	<u> </u>	
		,	NOV	77
TALLAHAS.	SEE, FL 32301	(Current mailing address, if different)		FILED
		(Carrent matting address, it officient)	و	m
1 "FIL 12 A TIC	NUDEVAENU		P	
S CHEIZHIN	ALM INTO A TROOM.			
(Purpose(s) of	corneration authorized in hos	Ma state of countries by according to the	<u> </u>	
(Purpose(s) of	corporation authorized in hor	me state or country to be carried out in the state of Florida)	0.1.2	
		me state or country to be carried out in the state of Florida) istered agent: (P.O. Box <u>NOT</u> acceptable)	<u> </u>	
9. Name and <u>su</u>	reet address of Florida regi	istered agent: (P.O. Box <u>NOT</u> acceptable)	0.1.2	
9. Name and <u>sti</u> Name:	reet address of Florida regi Corporation Service Compa	istered agent: (P.O. Box <u>NOT</u> acceptable)	0.1.2	
9. Name and <u>sti</u> Name:	reet address of Florida regi Corporation Service Compa	istered agent: (P.O. Box <u>NOT</u> acceptable)	0.1.2	
9. Name and <u>sti</u> Name:	Corporation Service Compa	istered agent: (P.O. Box <u>NOT</u> acceptable)	0.1.2	
9. Name and <u>sti</u> Name:	Corporation Service Compa	istered agent: (P.O. Box <u>NOT</u> acceptable)	0.1.2	
9. Name and <u>su</u> Name: Office Address:	Corporation Service Compa 1201 Hays Street Tallahassee (City	istered agent: (P.O. Box <u>NOT</u> acceptable)	0.1.2	
9. Name and <u>su</u> Name: Office Address:	Corporation Service Compa 1201 Hays Street Tallahassee (Ciry	stered agent: (P.O. Box <u>NOT</u> acceptable) iny , Florida 22301 (Zip Code)	2: 23 ::1: ::08:0 A	
9. Name and <u>su</u> Name: Office Address: 10. Registered Having been no	Corporation Service Compa 1201 Hays Street Tallahassee (City 1 agent's acceptance: amed as registered agent and a street agent and a street agent	stered agent: (P.O. Box <u>NOT</u> acceptable) iny , Florida 22301 (Zip Code) and to accept service of process for the above stated corporace of the approintment of the approximate the approximate of the above stated corporace of the approximate of the ap	2: 23	ace,
9. Name and shape: Name: Office Address: 10. Registered Having been not designated in the further pages to	Corporation Service Compa 1201 Hays Street Tallahassee (Ciry I agent's acceptance: amed as registered agent and application, I hereby acceptance are application, with the provision.	stered agent: (P.O. Box NOT acceptable) iny , Florida \(\frac{32301}{\text{Zip Code}} \) ind to accept service of process for the above stated corporaccept the appointment as registered agent and agree to act	2: 23	ace,
9. Name and shape: Name: Office Address: 10. Registered Having been not designated in the further pages to	Corporation Service Compa 1201 Hays Street Tallahassee (Ciry I agent's acceptance: amed as registered agent and application, I hereby acceptance of familiar with and accept	istered agent: (P.O. Box NOT acceptable) y) [Zip Code] ind to accept service of process for the above stated corporacept the appointment as registered agent and agree to act as of all statutes relative to the proper and complete perfort the obligations of my position as registered agent.	2: 23	ace,
9. Name and shape: Name: Office Address: 10. Registered Having been not designated in the further pages to	Corporation Service Compa 1201 Hays Street Tallahassee (Ciry I agent's acceptance: amed as registered agent and application, I hereby acceptance are application, with the provision.	The interest agent: (P.O. Box NOT acceptable) In process for the above stated corporacept the appointment as registered agent and agree to act as of all statutes relative to the proper and complete perforance obligations of my position as registered agent.	ration at the plain this capacity	ace,
9. Name and shape: Name: Office Address: 10. Registered Having been not designated in the further pages to	Corporation Service Compa 1201 Hays Street Tallahassee (Ciry I agent's acceptance: amed as registered agent and application, I hereby acceptance of familiar with and accept	istered agent: (P.O. Box NOT acceptable) y) [Zip Code] ind to accept service of process for the above stated corporacept the appointment as registered agent and agree to act as of all statutes relative to the proper and complete perfort the obligations of my position as registered agent.	ration at the plain this capacity	ace,

jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors

A. DIRECTORS
HUGH STRALEY, MD Chairman:
10700 MERIDIAN AVENUE NORTH SUITE 100 Address:
SEATTLE, WA 98133
STEVEN BURGON, JD Vice Chairman:
10700 MERIDIAN AVENUE NORTH SUITE 100 Address:
SEATTLE, WA 98133
KAREN MERRIKIN, JD Director:
10700 MERIDIAN AVENUE NORTH SUITE 100
. SEATTLE, WA 98133
MARGARET STANLEY, MHA
10700 MERIDIAN AVENUE NORTH SUITE 100
SEATTLE, WA 98133
B. OFFICERS
President: JONATHAN R. SUGARMAN, MD, MPH
10700 MERIDIAN AVENUE NORTH SUITE 100 Address:
SEATTLE, WA 98133
MARCI SCOTT-WEIS, RN, MPH, CCM Vice President:
10700 MERIDIAN AVENUE NORTH SUITE 100 Address:
SEATTLE, WA 98133
JAMES W. TRUESS Secretary:
10700 MERIDIAN AVENUE NORTH SUITE 100, SEATTLE, WA 98133
JAMES W. TRUESS Treasurer:
10700 MERIDIAN AVENUE NORTH SUITE 100, SEATTLE, WA 98133 (see attached Director list) Address:
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)
JONÁTHAN R. SUGARMAN, MD. MPH. PRESIDENT & CEO
(Typed or printed name and capacity of person signing application)

Qualis Health

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Jonathan Sugarman, MD, MPH President and CEO 10700 Meridian Ave N Suite 100, Seattle, WA 98133 Marci J. Scott-Weis, COO 10700 Meridian Ave N Suite 100, Seattle, WA 98133 David Chamberlain, CIO 10700 Meridian Ave N Suite 100, Seattle, WA 98133 .Board of Directors Hugh Straley, MD, Chair 10700 Meridian Ave N Suite 100, Seattle, WA 98133 Steven L. Burgon, JD, Vice Chair 10700 Meridian Ave N Suite 100, Seattle, WA 98133 James Truess, Secretary and Treasurer 10700 Meridian Ave N Suite 100, Seattle, WA 98133 Margaret Stanley 10700 Meridian Ave N Suite 100, Seattle, WA 98133 William Hogan 10700 Meridian Ave N Suite 100, Seattle, WA 98133 Karen J. Merrikin, JD 10700 Meridian Ave N Suite 100, Seattle, WA 98133 Thomas G. Wadsworth, PharmD, BCPS 10700 Meridian Ave N Suite 100, Seattle, WA 98133 Stuart Freed, MD 10700 Meridian Ave N Suite 100, Seattle, WA 98133 Richard Onizuka, PhD 10700 Meridian Ave N Suite 100, Seattle, WA 98133 Thomas K. Varghese, Jr, MD 10700 Meridian Ave N Suite 100, Seattle, WA 98133 Mark Secord 10700 Meridian Ave N Suite 100, Seattle, WA 98133 Frankie T. Manning, MSN, RN 10700 Meridian Ave N Suite 100, Seattle, WA 98133

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.

1 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: October 25, 2017

UBI: 600-316-656

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

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Tun Ulyna

Kim Wyman, Secretary of State

