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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

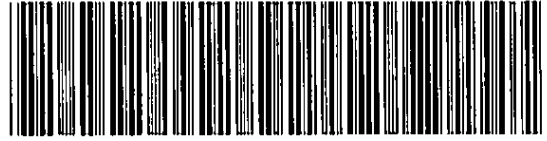
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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BL. VORISEK
NOV 27 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: West Penn Allegheny Health System, 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:

Karen M. Irwin
Name of Person

West Penn Allegheny Health System, Inc.
Firm/Company

Fifth Avenue Place, 120 Fifth Avenue
Mail Code 2115
Address

Pittsburgh, PA 15219
City/State and Zip Code

karen.irwin@highmarkhealth.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen M. Irwin at (412) 330-2523
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. West Penn Allegheny Health System, 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. Pennsylvania ✓ 3. 25-0969492
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 03/18/48 5. _____
 (Date of Incorporation) (Date of duration, if other than perpetual)

6. 8/1/18
 (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 4800 Friendship Avenue, Pittsburgh, PA 15224
 (Principal office address)

(Current mailing address, if different)

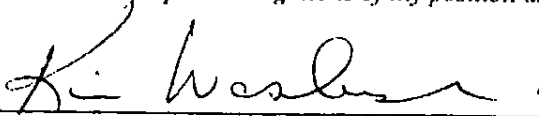
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 TALLAHASSEE, FLORIDA

8. Medical billing / coding
 (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: CT Corporation System
 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.



 (Registered agent's signature)

Kim Wasilewski
 Assistant Secretary

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 list

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

✓ President: Cynthia Hundorfean

Address: 30 Isabella Street, Suite 300

Pittsburgh, PA 15212

Vice President: None

Address: _____

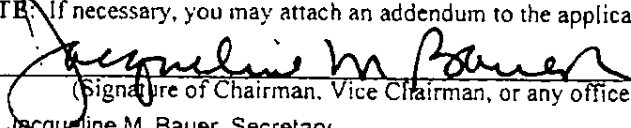
Secretary: Jacqueline M. Bauer

Address: 30 Isabella Street, Suite 300, Pittsburgh, PA 15212

Treasurer: Jeffrey T. Crudele

Address: 30 Isabella Street, Suite 300, Pittsburgh, PA 15212

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)

4. Jacqueline M. Bauer, Secretary
(Typed or printed name and capacity of person signing application)

WEST PENN ALLEGHENY HEALTH SYSTEM, INC.

BOARD OF DIRECTORS

<u>BOARD MEMBER</u>	<u>ADDRESS</u>
- David A. Blandino, MD Physician - East Liberty Family Health Center	3149 Ellers Street Pittsburgh, PA 15213
· Basil Cox Retired - President and CEO Eat 'n Park Hospitality Group	1235 Wightman Street Pittsburgh, PA 15217
- Tony Farah, MD Chief Medical Officer, AHN President, Allegheny Clinic	607 Grandview Drive Gibsonia, PA 15044
- Karen Hanlon Executive Vice President, CFO & Treasurer	Highmark, Inc. Fifth Avenue Place 120 Fifth Avenue, Suite 3118 Pittsburgh, PA 15222
✓ Cynthia Hundorfean President and CEO, Allegheny Health Network	Allegheny Health Network 30 Isabella Street Pittsburgh, PA 15212
✓ Russell Livingston	7 Livingston Manor Pittsburgh, PA 15238
✓ Joseph A. Macerelli, Esquire Attorney - Burns White LLC	240 Grange Road McDonald, PA 15057
CHAIRMAN	
✓ Edward R. Marasco Vice President Business Development - Quick Med Claims	284 Lewis Run Road West Mifflin, PA 15122
✓ L. Theodore Neighbors CPA & Partner	Labriola Neighbors LLP 555 N. Bell Avenue, Suite 250 Carnegie, PA 15106
✓ Sandra L. Usher Community Leader	840 Twelfth Street Oakmont, PA 15139
✓ Doris Carson Williams President & CEO	African American Chamber of Commerce of Western Pennsylvania Koppers Building, Suite 2220 436 Seventh Avenue Pittsburgh, PA 15219

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

10/17/2018

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

West Penn Allegheny Health System, Inc.

is duly registered as a Pennsylvania Non-Profit (Non Stock) under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set
my hand and caused the Seal of the Secretary's
Office to be affixed, the day and year above written

Robert Lanes

Acting Secretary of the Commonwealth

Certification Number: TSC181017110613-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>