

Division of Corporations
 Florida Department of State
 Division of Corporations
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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
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FOREIGN PROFIT/NONPROFIT CORPORATION

Indiana University Health, Inc.

Certificate of Status	0
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 MAY 24 2019

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. Indiana University Health, 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. Indiana 3. 35-1955872
(State or country under the law of which it is incorporated) (FEL number, if applicable)

4. 06/16/1995 5. perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. May 2018
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 950 N Meridian Street, Suite 300, Indianapolis, In 46202
(Principal office address)

950 N Meridian Street, Suite 300, Indianapolis, In 46202
(Current mailing address)

8. We have employees working from their home offices in Florida
(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: C.T. 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.

C.T. Corporation System

James M. Halpin
Assistant Secretary

By: James M. Halpin (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.

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____
_____**B. OFFICERS**

President: Dennis Murphy

Address: 340 W 10th Street, Suite 6100

Indianapolis, In 46202

Vice President: _____

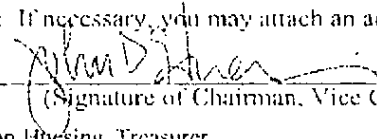
Address: _____

Secretary: Erin Lewis

Address: 340 W 10th Street, Suite 6100, Indianapolis, In 46202

Treasurer: John Huesing

Address: 714 N Senate Ave, Suite 250, Indianapolis, In 46202

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. John Huesing, Treasurer
(Typed or printed name and capacity of person signing application)

**State of Indiana
Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

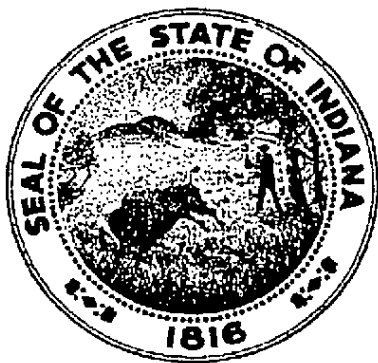
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

INDIANA UNIVERSITY HEALTH, INC.

July filed the requisite documents to commence business activities under the laws of the State of Indiana on June 16, 1995, and was in existence or authorized to transact business in the State of Indiana on April 16, 2019.

I further certify this Domestic Nonprofit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, April 16, 2019

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

1995060806 / 2019947763

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on May 16, 2019.