

F19000004455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

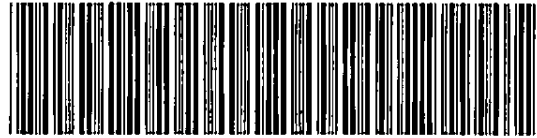
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 17, 2019

TAMMY LAMIRANDE  
502 E 2ND STREET  
DULUTH, MN 55808

SUBJECT: ESSENTIA HEALTH, INC.  
Ref. Number: W19000084110

We have received your document for ESSENTIA HEALTH, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

Please return 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) 245-6051.

Brooke N Kinsey  
Regulatory Specialist II

Letter Number: 719A00019200

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Essentia Health dba Essentia Health 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:

Tammy Lamirande

Name of Person

Essentia Health

Firm/Company

502 E 2nd Street

Address

Duluth, MN 55805

City/State and Zip Code

tammy.lamirande@essentiahealth.org

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

For further information concerning this matter, please call:

Tammy Lamirande

Name of Person

at ( 218 )

Area Code

786-8373

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**



\$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. Essentia 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. Minnesota

(State or country under the law of which it is incorporated)

3. 20-0360007

(FEI number, if applicable)

4. 11/3/2003

(Date of Incorporation)

5. Perpetual

(Date of duration, if other than perpetual)

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

7. 502 E 2nd Street, Duluth, MN 55805

(Principal office street address)

(Current mailing address, if different)

8. Employee working from State of 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

(City)

Florida 33324

(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

By: Michael Scraphin

Michael Scraphin Asst. Secretary

(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.

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12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS**

☐Chairman Name: SEE ATTACHED LISTING  
☐Vice Chairman Address: \_\_\_\_\_  
☐Director \_\_\_\_\_  
☐President \_\_\_\_\_  
☐Vice President \_\_\_\_\_  
☐Secretary ☐Treasurer  
☐Other: \_\_\_\_\_ ☐Other: \_\_\_\_\_

☐Chairman Name: \_\_\_\_\_  
☐Vice Chairman Address: \_\_\_\_\_  
☐Director \_\_\_\_\_  
☐President \_\_\_\_\_  
☐Vice President \_\_\_\_\_  
☐Secretary ☐Treasurer  
☐Other: \_\_\_\_\_ ☐Other: \_\_\_\_\_

☐Chairman Name: \_\_\_\_\_  
☐Vice Chairman Address: \_\_\_\_\_  
☐Director \_\_\_\_\_  
☐President \_\_\_\_\_  
☐Vice President \_\_\_\_\_  
☐Secretary ☐Treasurer  
☐Other: \_\_\_\_\_ ☐Other: \_\_\_\_\_

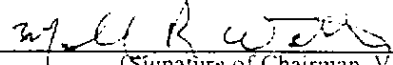
☐Chairman Name: \_\_\_\_\_  
☐Vice Chairman Address: \_\_\_\_\_  
☐Director \_\_\_\_\_  
☐President \_\_\_\_\_  
☐Vice President \_\_\_\_\_  
☐Secretary ☐Treasurer  
☐Other: \_\_\_\_\_ ☐Other: \_\_\_\_\_

☐Chairman Name: \_\_\_\_\_  
☐Vice Chairman Address: \_\_\_\_\_  
☐Director \_\_\_\_\_  
☐President \_\_\_\_\_  
☐Vice President \_\_\_\_\_  
☐Secretary ☐Treasurer  
☐Other: \_\_\_\_\_ ☐Other: \_\_\_\_\_

☐Chairman Name: \_\_\_\_\_  
☐Vice Chairman Address: \_\_\_\_\_  
☐Director \_\_\_\_\_  
☐President \_\_\_\_\_  
☐Vice President \_\_\_\_\_  
☐Secretary ☐Treasurer  
☐Other: \_\_\_\_\_ ☐Other: \_\_\_\_\_

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**NOTE: Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Michael Watters, Board Secretary  
(Typed or printed name and capacity of person signing application)



# Essentia Health

<u>BOARD MEMBER</u>	<u>BUSINESS ADDRESS</u>
Sister Kathleen Hofer	St. Scholastica Monastery* 1001 Kenwood Avenue Duluth, MN 55811-2300 218-723-6120 <a href="mailto:kathleen.hofer@essentiahealth.org">kathleen.hofer@essentiahealth.org</a>
Walt Leino, MD	3086 Kaleva Bay Road* Ely, MN 55731 218-365-5607 <a href="mailto:wleino@wildblue.net">wleino@wildblue.net</a>
Kevin Moug	Otter Tail Corporation* 4334 18th Avenue South Fargo, ND 58103 701-232-6414 <a href="mailto:kmoug@ottertail.com">kmoug@ottertail.com</a>
Sister Beverly Raway	St. Scholastica Monastery* 1001 Kenwood Avenue Duluth, MN 55811 218-723-7001 Fax 218-723-5902 <a href="mailto:braway@css.edu">braway@css.edu</a>
Thomas Russ, M.D.	Essentia Health Duluth Clinic* 400 East Third Street Duluth, MN 55805 218-786-1264 <a href="mailto:thomas.russ@essentiahealth.org">thomas.russ@essentiahealth.org</a>
Kimberly Stokes	American Bank of the North* 8401 Unity Dr P.O. Box 415 Mt. Iron, MN 55768 218-735-3774 Fax: 218.741.9250 <a href="mailto:kstokes@ambnk.com">kstokes@ambnk.com</a>
Sister Clare Marie Trettel	St. Scholastica Monastery* 1001 Kenwood Avenue Duluth, MN 55811 218-723-7005 <a href="mailto:ctrettel@css.edu">ctrettel@css.edu</a>
Michael Watters <i>Chief Legal Officer &amp; Secretary</i>	Essentia Health* 502 East Second Street, Duluth, MN 55805 218-786-8307 Fax 218-720-6406 <a href="mailto:frank.modich@essentiahealth.org">frank.modich@essentiahealth.org</a>
Traci Morris <i>Chief Financial Officer &amp; Treasurer</i>	Essentia Health* 502 East Second Street, Duluth, MN 55805 218-786-3178 Fax: 218-720-6406 <a href="mailto:traci.morris@essentiahealth.org">traci.morris@essentiahealth.org</a>

**Office of the Minnesota Secretary of State  
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	ESSENTIA HEALTH
Date Filed:	11/03/2003
File Number:	678610-2
Minnesota Statutes, Chapter:	317A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 09/03/2019



A handwritten signature in black ink that reads "Steve Simon".

Steve Simon  
Secretary of State  
State of Minnesota