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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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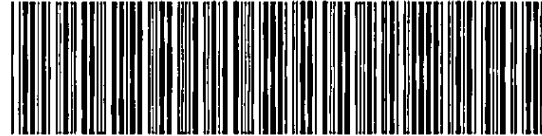
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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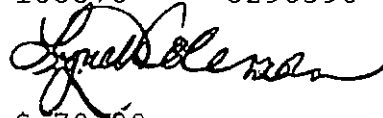
FEB 11 2020

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 168876 8296396

AUTHORIZATION :



COST LIMIT : \$ 70.00

ORDER DATE : February 4, 2020

ORDER TIME : 9:25 AM

ORDER NO. : 168876-015

CUSTOMER NO: 8296396

FOREIGN FILINGS

NAME: KALISPELL REGIONAL MEDICAL
CENTER, INC.

XXXX QUALIFICATION (TYPE: NP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT#

EXAMINER: _____

2020 FEB 10 AM 9:27

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. Kalispell Regional 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. Montana 3. 23-7293874
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/03/1973 5. Perpetual
(Date of Incorporation) (Date of duration, if other than perpetual)

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

7. 310 Sunnyview Lane, Kalispell, MT 59901
(Principal office street address)

(Current mailing address, if different)

8. Health and medical care system
(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 32031
(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.

Corporation Service Company

By: Michele L. Abbott
(Registered agent's signature) Michele L. Abbott, Asst. VP

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: Craig Lambrecht, MD
☐ Vice Chairman Address: 310 Sunnyview Lane
☒ Director Kalispell, MT 59901
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

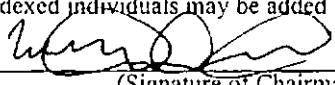
☐ Chairman Name: William Gibson
☐ Vice Chairman Address: 310 Sunnyview Lane
☐ Director Kalispell, MT 59901
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: General Counsel ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

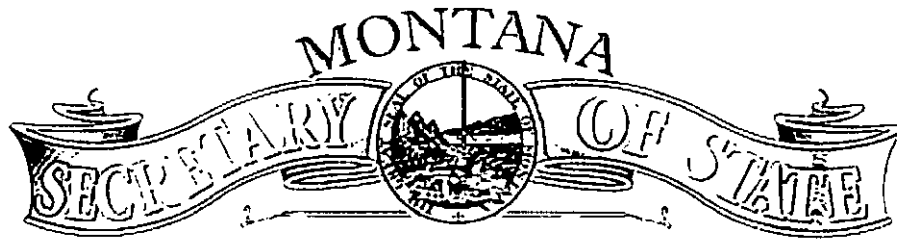
☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

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. William Gibson, General Counsel
(Typed or printed name and capacity of person signing application)



CERTIFICATE OF EXISTENCE

I, **COREY STAPLETON**, Secretary of State for the State of Montana, do hereby certify that:

KALISPELL REGIONAL MEDICAL CENTER, INC.

duly filed its Articles Of Incorporation for the domestic entity in this office on **January 03, 1973**, and on that date was authorized to transact business in this state for a term of Perpetual duration.

Payment is reflected in the records of the Secretary of State for all fees owed to the Secretary of State.

No articles of dissolution have been placed on record in this office by said corporation and the records indicate the corporation is in good standing under the laws of the State of Montana.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on tax status.

2020 FEB 10 AM 11:28



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 4th day of February, 2020.

COREY STAPLETON
Montana Secretary of State
Certificate Number: 020420200022