4/22/2020

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 : (954)208-0845 Fax Number

**Enter the email address for this business entity to be used for fulfire annual report mailings. Enter only one email address please:

Fmail	Address:	 <u>c</u>

FOREIGN PROFIT/NONPROFIT CORPORATION Indiana University Health Care Associates, Inc

Certificate of Status	0
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Estimated Charge	\$78.75

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APR 20 1173

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:

Indiana University Health Care Associates, Inc	619
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbrimport in language as will clearly indicate that it is a corporation instead of a natural person or partnership in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.	if not so contained
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting busi	iness in Florida)
Indiana 3, 35-1747218 (State or country under the law of which it is incorporated) (FEI number, if applicable)	
(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. September 23, 1987 5. Perpetual	
(Date of Incorporation) (Date of duration, if other than p	perpetuai)
5, 04,01,2020	
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determ	nine penalty liability.)
7 950 N Meridian Street, Suite 300 Indianapolis, IN 46204	
(Principal office street address)	
· , — —	
(Current mailing address, if different)	
8. To accommodate team members working remotely	Car Jood
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	70
46.4	73
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	P-0 1
	10 ,
Name: C T Corporation System	
-n:-	357 .aa
Office Address: 1200 South Pine Island Road	ហ
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 corp designated in this application, I hereby accept the appointment as registered agent and agree to further agree to comply with the provisions of all statutes relative to the proper and complete per and I am familiar with and accept the obligations of my position as registered agent.	act in this capacity. T
C.T.Corporation System	
Tracy Kellner Asst. 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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total]:

A. DIRECTOR	RS			
⊠ Chairman	Name: Dennis Murphy	□ Chairman	Name: John	Hucsing
□Vice Chairman	Address: 950 N Meridian St	□Vice Chairman	Address: <u>950]</u>	N Meridian St
□Director	Suite 300	□Director	Suite 300	
□President	Indianapolis, IN 46204	□President	Indianapolis, I	IN 46204
□Vice President	- Marie and a second se	□Vice President		
□ Secretary	□Treasurer	☐ Secretary		⊠ Treasurer
□Other:	☐ Other:	Other:		Other:
□Chairman	Name: Jennifer Alvey	□Chairman	Name:	
□Vice Chairman	Address: 950 N Meridian St	□ Vice Chairman	Address:	
□Director	Suite 300	□Director		<u> </u>
□President	Indianapolis, IN 46204	□President		
□Vice President		□Vice President		
□ Secretary	☐ Treasurer	□ Secretary		□Treasurer
□Other: CFO	Other:	Other:		☐ Other:
□Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	□ Secretary		□'Treasurer
□Other:	☐ Other:	☐ Other:		Other:
Non-indexed Ind	nt Notice: Use an attachment to report more that ividuals may be added to the index when filing y (Signature of Chairman, Vice Chairman, or an ig (Typed or printed name and capacity of the	y officer listed in numbe	of State Annua	и кероп юпп.

State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

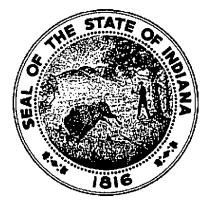
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

INDIANA UNIVERSITY HEALTH CARE ASSOCIATES, INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on September 23, 1987, and was in existence or authorized to transact business in the State of Indiana on April 22, 2020.

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 22, 2020

Corrie Famon

CONNIE LAWSON SECRETARY OF STATE

198709-799 / 20201399081

All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate Expires on May 22, 2020.