

11/18/2020

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To:

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

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL, INC
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

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FOREIGN PROFIT/NONPROFIT CORPORATION

St. Luke's Health Network, Inc.

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$78.75

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**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. St. Luke's Health Network, 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

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

3.

(FEI number, if applicable)

4. 11/18/1985

(Date of Incorporation)

5.

(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. 801 Ostrum Street, Bethlehem, PA 18015

(Principal office street address)

(Current mailing address, if different)

8. Non-profit healthcare organization

(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: Corporate Creations Network Inc.

Office Address: 801 US Highway 1

North Palm Beach

(City)

, Florida 33408

(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.

/s/ Sean Amo

Sean Amo, Special 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.

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: Please see attached.

☐ 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: _____

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. /s/ Luanne B. Stauffer
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Luanne B. Stauffer, Chairman
(Typed or printed name and capacity of person signing application)

St. Luke's Health Network, Inc.
Officers and Directors

Officers -

Richard A. Anderson- President and CEO - 801 Ostrum Street, Bethlehem, PA 18015 ✓
Thomas P. Lichtenwalner - VP, Finance/Treasurer - 801 Ostrum Street, Bethlehem, PA 18015 ✓
Donna Fields - Secretary - 801 Ostrum Street, Bethlehem, PA 18015 ✓

Directors -

Luanne B. Stauffer - Chairman - 801 Ostrum Street, Bethlehem, PA 18015 ✓
Robert B. Black - Vice Chairman - 801 Ostrum Street, Bethlehem, PA 18015 ✓
Robert A. Oster - Vice Chairman - 801 Ostrum Street, Bethlehem, PA 18015 ✓
Richard A. Anderson - 801 Ostrum Street, Bethlehem, PA 18015
Faust Capobianco - 801 Ostrum Street, Bethlehem, PA 18015
Susan M. Dale - 801 Ostrum Street, Bethlehem, PA 18015
Robert J. Grey, Esq. - 801 Ostrum Street, Bethlehem, PA 18015
Paul E. Huck - 801 Ostrum Street, Bethlehem, PA 18015
Buddy Lesavoy, Esq. - 801 Ostrum Street, Bethlehem, PA 18015
David M. Lobach, Jr. - 801 Ostrum Street, Bethlehem, PA 18015
Kara B. Mascitti, MD - 801 Ostrum Street, Bethlehem, PA 18015
David L. Muething - 801 Ostrum Street, Bethlehem, PA 18015
Robert D. Rumfield - 801 Ostrum Street, Bethlehem, PA 18015
Charles D. Saunders, MD - 801 Ostrum Street, Bethlehem, PA 18015
Vincent Sorgi - 801 Ostrum Street, Bethlehem, PA 18015
Kristina W. Warner - 801 Ostrum Street, Bethlehem, PA 18015
David M. Yen, MD - 801 Ostrum Street, Bethlehem, PA 18015

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

11/18/2020

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

ST. LUKE'S HEALTH NETWORK, 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

Katlynn Bookman

Secretary of the Commonwealth

Certification Number: TSC201118090298-1

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