

12/21/2020

Division of Corporations

F20000005698

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

Froedtert Health, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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Corporate Filing Menu

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SBF
12/21/20

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. Froedtert 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. Wisconsin

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

3. 39-2014409

(FEI number, if applicable)

4. 12/28/2000

(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. 9200 West Wisconsin Avenue, Milwaukee, WI 53226

(Principal office street address)

W180 N8000 Town Hall Road, Menomonee Falls, WI 53051

(Current mailing address, if different)

8. Not for profit health care corporation, organized for charitable, scientific, and educational purposes.

(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

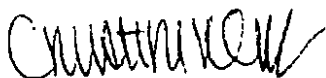
(City)

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.



Christine Keim
Assistant 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: Catherine Jacobson

☐Vice Chairman

Address: 9200 West Wisconsin Avenue

Milwaukee, WI 53226

☐Director

☒President

☐Vice President

☐Secretary

☐Treasurer

☐Other:

☐Other:

☐Chairman

Name: Scott Hawig

☐Vice Chairman

Address: 9200 West Wisconsin Avenue

Milwaukee, WI 53226

☐Director

☐President

☐Vice President

☐Secretary

☒Treasurer

☐Other:

☐Other:

☐Chairman

Name: Amy Marquardt

☐Vice Chairman

Address: 9200 West Wisconsin Avenue

Milwaukee, WI 53226

☐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

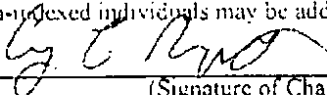
☐Secretary

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

14. Amy Marquardt, Secretary
(Typed or printed name and capacity of person signing application)

United States of America
State of Wisconsin
DEPARTMENT OF FINANCIAL INSTITUTIONS
Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, Patti Epstein, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

FROEDTERT HEALTH, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is December 28, 2000.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.

IN TESTIMONY WHEREOF, I have hereunto set
my hand and affixed the official seal of the
Department on November 13, 2020.

Patti Epstein

PATTI EPSTEIN, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions



DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: <http://www.wdfi.org/apps/ccs/verify/>

Enter this code: 279692-DA5B7346