

4/6/2021

Division of Corporations

F2100001823Florida Department of State
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
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.****

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FILED
2021 APR -6 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FL**FOREIGN PROFIT/NONPROFIT CORPORATION****Allegheny Clinic Corporation**

Certificate of Status	0
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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. Allegheny Clinic Corporation

(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. 25-1838458

(FEI number, if applicable)

4. 06/16/1999

(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. 120 Fifth Avenue, Suite 2900, Pittsburgh, PA 15222

(Principal office street address)

(Current mailing address, if different)

8. To provide healthcare services

(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: _____

Lisa DuBois, 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.

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TALLAHASSEE, FL

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: Donald Whiting, MD
☐ Vice Chairman Address: 120 Fifth Avenue, Suite 2900
☐ Director Pittsburgh, PA 15222
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Donald Whiting, MD
☐ Vice Chairman Address: 120 Fifth Avenue, Suite 2900
☐ Director Pittsburgh, PA 15222
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Keith LeJeune
☐ Vice Chairman Address: 120 Fifth Avenue, Suite 2900
☐ Director Pittsburgh, PA 15222
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Mark Nussbaum
☐ Vice Chairman Address: 120 Fifth Avenue, Suite 2900
☐ Director Pittsburgh, PA 15222
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Jacqueline M. Bauer
☐ Vice Chairman Address: 120 Fifth Avenue, Suite 2900
☐ Director Pittsburgh, PA 15222
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: James W. Rohrbach
☐ Vice Chairman Address: 120 Fifth Avenue, Suite 2900
☐ Director Pittsburgh, PA 15222
☐ 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. Jacqueline M. Bauer
 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. Jacqueline M. Bauer, Secretary
 (Typed or printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

03/12/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Allegheny Clinic

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

A handwritten signature in dark ink, appearing to read "Thomas W. DeGregori".

Acting Secretary of the Commonwealth

Certification Number: TSC210312121283-1

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