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TALLAHASSEE, FLORIDA

JUN - 9 2021  
M. SOLOMON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Dartmouth-Hitchcock Clinic, Inc  
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Ann Varilly, Tax Dept.

Name of Person

Dartmouth-Hitchcock Clinic

Firm/Company

One Medical Center Drive

Address

Lebanon, NH 03756

City/State and Zip Code

dhtax@hitchcock.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ann Varilly

Name of Person

at ( 413 )

Area Code

325-5771

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to. **FLORIDA DEPARTMENT OF STATE**

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

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TALLAHASSEE, FLORIDA

**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. Dartmouth-Hitchcock Clinic, 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. New Hampshire 3. 22-2519596  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. March 1, 1983 5. Perpetual  
(Date of Incorporation) (Date of duration, if other than perpetual)

6. 05/01/2021  
(Date first conducted affairs in Florida if prior to registration See sections 617 1501 & 617 1502, F.S. to determine penalty liability)

7. One Medical Center Drive, Lebanon, NH 03756  
(Principal office street address)

Same  
(Current mailing address, if different)

8. Remote workers performing administrative, IT and similar functions for not-for-profit medical clinics located in NH  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

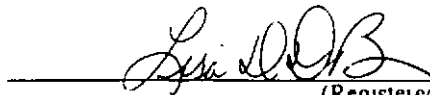
9. Name and street address of Florida registered agent. (P.O. Box **NOT** acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road  
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 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.*



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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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: Joanne M. Conroy, MD  
☐ Vice Chairman Address: One Medical Center Drive  
☐ Director Lebanon, NH 03756  
☒ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Mark W. Begor  
☐ Vice Chairman Address: One Medical Center Drive  
☐ Director Lebanon, NH 03756  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Charles G. Plimpton  
☐ Vice Chairman Address: One Medical Center Drive  
☐ Director Lebanon, NH 03756  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☒ Secretary \_\_\_\_\_ ☒ Treasurer \_\_\_\_\_  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Jocelyn D. Chertoff  
☐ Vice Chairman Address: One Medical Center Drive  
☐ Director Lebanon, NH 03756  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Geraldine Bednash  
☐ Vice Chairman Address: One Medical Center Drive  
☒ Director Lebanon, NH 03756  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Duane A. Compton  
☐ Vice Chairman Address: One Medical Center Drive  
☒ Director Lebanon, NH 03756  
☐ 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. Joanne M. Conroy, MD  
(Typed or printed name and capacity of person signing application)

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CLERK OF DISTRICT COURT  
JUDICIAL DISTRICT 1

# State of New Hampshire

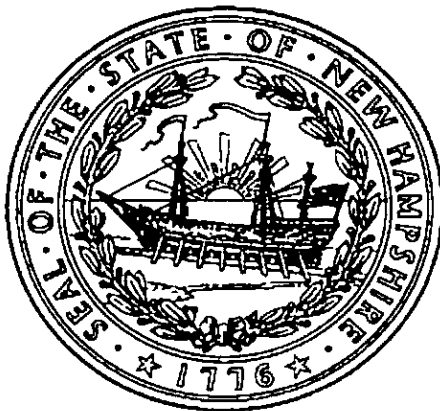
## Department of State

### CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that DARTMOUTH-HITCHCOCK CLINIC is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on March 01, 1983. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **69168**

Certificate Number: **0005358698**



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 28th day of April A.D. 2021.

A handwritten signature in black ink, appearing to read "Wm Gardner".

William M. Gardner  
Secretary of State

Dartmouth-Hitchcock Clinic  
Additional Trustees

<u>Name</u>	<u>Business Address</u>
Paul P. Danos,	One Medical Center Dr., Lebanon, NH 03756
Carl Dobson,	100 Hospital Dr., Bennington, VT 05201
Elof Eriksson,	One Medical Center Dr., Lebanon, NH 03756
Gary L. Freed,	One Medical Center Dr., Lebanon, NH 03756
Thomas P. Glynn,	One Medical Center Dr., Lebanon, NH 03756
Robert S.D. Higgins,	One Medical Center Dr., Lebanon, NH 03756
Roberta L. Hines,	One Medical Center Dr., Lebanon, NH 03756
Jonathan T. Huntington,	One Medical Center Dr., Lebanon, NH 03756
Laura K. Landy,	One Medical Center Dr., Lebanon, NH 03756
Jennifer L. Moyer,	One Medical Center Dr., Lebanon, NH 03756
David P. Paul,	One Medical Center Dr., Lebanon, NH 03756
Thomas Raffio,	One Medical Center Dr., Lebanon, NH 03756
Kurt K. Rhyhart,	One Medical Center Dr., Lebanon, NH 03756
Edward Howe Stansfield, III,	One Medical Center Dr., Lebanon, NH 03756
Pamela Austin Thompson,	One Medical Center Dr., Lebanon, NH 03756
Marc B. Wolpow,	One Medical Center Dr., Lebanon, NH 03756

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DARTMOUTH-HITCHCOCK CLINIC