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7/24/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Medical College of Wisconsin, Inc. (former file number F16000003375)
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:

Amy McNallie

Name of Person

The Medical College of Wisconsin, Inc.

Firm/Company

8701 Watertown Plank Road

Attn: Office of General Counsel

Address

Milwaukee, WI 53226

City/State and Zip Code

legal@mcw.edu

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

For further information concerning this matter, please call:

Amy McNallie

at (414) 955-8481
Area Code Daytime Telephone Number

Name of Person

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

**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:

The Medical College of Wisconsin, Inc.

1. _____
(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 39-0806261
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. July 18, 1918 5. _____
(Date of Incorporation) (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.)
8701 Watertown Plank Road, Milwaukee, WI 53226
7. _____
(Principal office address)

(Current mailing address, if different)

8. See attached
(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: Registered Agents Inc

Office Address: 7901 4th St N STE 300

St. Petersburg, Florida 33702

(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.*



Bill Havre - 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: Jay Williams
☐ Vice Chairman Address: 8701 Watertown Plank Road
☐ Director Milwaukee, WI 53226
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Jacqueline Herd-Barber
☐ Vice Chairman Address: 8701 Watertown Plank Road
☐ Director Milwaukee, WI 53226
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: John R. Raymond, Sr.
☐ Vice Chairman Address: 8701 Watertown Plank Road
☐ Director Milwaukee, WI 53226
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Philip B. Flynn
☒ Vice Chairman Address: 8701 Watertown Plank Road
☐ Director Milwaukee, WI 53226
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Mary Ellen Stanek
☐ Vice Chairman Address: 8701 Watertown Plank Road
☐ Director Milwaukee, WI 53226
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Christopher P. Kops
☐ Vice Chairman Address: 8701 Watertown Plank Road
☐ Director Milwaukee, WI 53226
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: Executive VP for ☐ 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. Christopher P. Kops
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

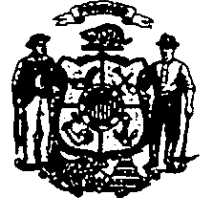
14. Christopher P. Kops, Executive Vice President for Finance & Administration & Chief Operating Officer
(Typed or printed name and capacity of person signing application)

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

THE MEDICAL COLLEGE OF WISCONSIN, 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 July 18, 1918.

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.

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PATTI EPSTEIN



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on July 13, 2021.

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/>

THE MEDICAL COLLEGE OF WISCONSIN, INC.

The purposes of this Corporation shall be to shape and control the broad educational policies of MCW, as a school for education and training of physicians, basic scientists, allied and other health related professionals; to promote and to be responsible for the operation and the development of MCW, for its hospital affiliations, and for the amplifications of its work in the interest of public and private health; to establish and maintain hospitals, clinics, and dispensaries; to give free medical, surgical, and hospital treatment and care to the sick and afflicted, the selection of the beneficiaries and the extent of such treatment and care in the every case to be left to the discretion of the Corporation; to create new knowledge in basic and clinical science through biomedical, behavioral and health services research; to appoint all members of the permanent faculty of MCW and to formulate the procedure for dealing with faculty discipline, suspension or terminations; to conduct MCW either directly or through any board, committee, or agency, or in any other manner, but such board, committee, or agency shall at all times be subject to the direction of the Board of Trustees hereinafter provided for; to make and enforce rules or regulations for the conduct and management of MCW; to fix the powers and duties of all officers and agents thereof, except those hereinafter provided for; to establish in accordance with generally recognized academic standards the requirements for admission to and successful completion of courses of study at MCW; to confer degrees; and to have control of the finances of MCW; provided that under no circumstances may the property, real or personal, which this Corporation administers be diverted to other purposes than those of the MCW.

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MEDICAL COLLEGE OF WISCONSIN