

F21000005237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

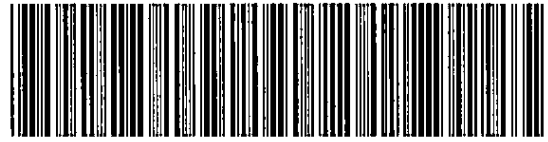
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SEP 10 2021

M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nationwide Children's Hospital
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:

Lisa Griffin Hodgdon
Name of Person

Dinsmore & Shohl LLP
Firm/Company

201 North Franklin St, Suite 3050
Address

Tampa, FL 33602
City/State and Zip Code

lisa.hodgdon@dinsmore.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Griffin Hodgdon at (813) 543-9828
Name of Person Area Code 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

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:

Nationwide Children's Hospital Corp.

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. Ohio 3. 31-4379441
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2/26/1892 5. 3/30/2022
(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.)

7. 700 Children's Drive, Columbus, OH 43205
(Principal office street address)

(Current mailing address, if different)

Its primary activities shall include maintaining and operating a hospital, clinics and related facilities for the provision of medical, surgical and mental health care services to children, providing educational and training programs for pediatric health care professionals and conducting scientific research relating to the physical, mental and emotional health of children.

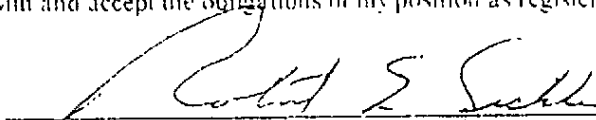
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: Robert E. Sickles, Esq.
Office Address: 201 North Franklin Street, Suite 3050
Tampa, Florida 33602
(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.



(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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TREASURY REVENUE

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 Alex Fischer
 Vice Chairman Address 700 Children's Drive
 Director Columbus, OH 43205
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name Kirt Walker
 Vice Chairman Address: 700 Children's Drive
 Director Columbus, OH 43205
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Luke Brown
 Vice Chairman Address: 700 Children's Drive
 Director Columbus, OH 43205
 President _____
 Vice President _____
 Secretary Treasurer
 Other: _____ Other _____

Chairman Name Rhonda Comer
 Vice Chairman Address: 700 Children's Drive
 Director Columbus, OH 43205
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Sara Evans
 Vice Chairman Address: 700 Children's Drive
 Director Columbus, OH 43205
 President _____
 Vice President _____
 Secretary Treasurer
 Other Asst. Secretary Other _____

Chairman Name _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

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 ASSISTANT SECRETARY

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 ASST. SECRETARY
 (Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show NATIONWIDE CHILDREN'S HOSPITAL, an Ohio not for profit corporation, Charter No. 8977, having its principal location in Columbus, County of Franklin, was incorporated on February 26, 1892 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 19th day of August, A.D. 2021.

Frank LaRose

Ohio Secretary of State

Validation Number: 202123100744



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 8, 2021

LISA GRIFFIN HODGDON
DINSMORE & SHOHL LLP
201 NORTH FRANKLIN ST, SUITE 3050
TAMPA, FL 33602

SUBJECT: NATIONWIDE CHILDREN'S HOSPITAL
Ref. Number: W21000121856

We have received your document for NATIONWIDE CHILDREN'S HOSPITAL and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Senior Section Administrator

Letter Number: 021A00021648

*Rec'd
9-10-21*