

F220000001189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

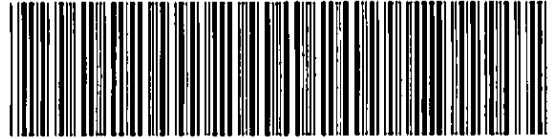
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2022 FEB 25 AM 10:40
ALLAHASSEE, FL

RECEIVED
2022 FEB 25 PM 4:05
ALLAHASSEE, FL

S. ROBERTS

FEB 25 2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 515043 8296396

AUTHORIZATION

COST LIMIT : \$ 70.00

ORDER DATE : February 25, 2022

ORDER TIME : 1:10 PM

ORDER NO. : 515043-005

CUSTOMER NO: 8296396

FOREIGN FILINGS

NAME: LOGAN HEALTH

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Logan Health

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:

Lucas Brown

Name of Person

Logan Health

Firm/Company

310 Sunnyview Lane

Address

Kalispell, MT 59901

City/State and Zip Code

lbrown@logan.org

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

For further information concerning this matter, please call:

Lucas Brown

at (406)

607-4469

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:*

1. Logan Health, Incorporated

(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. Montana 3. 81-0406485
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 5/11/1982 5. perpetual
(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. 310 Sunnyview Lane, Kalispell, MT 59901
(Principal office street address)

-
(Current mailing address, if different)

8. Healthcare administrative 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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32031
(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.

Corporation Service Company

By:

Eylina Bahor
Assistant Vice President

(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.

FILED
2022 FEB 25 AM 10:40
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: Craig Lambrecht
☐ Vice Chairman Address: 815 Parkway Drive
☐ Director Kalispell, MT 59901
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Craig Boyer
☐ Vice Chairman Address: 180 Monture Ridge
☐ Director Kalispell, MT 59901
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other: _____ ☐ Other: _____


☐ Chairman Name: William Gibson
☐ Vice Chairman Address: 528 Woodland Ave
☐ Director Kalispell, MT 59901
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: John Flink
☐ Vice Chairman Address: 292 E Bowman Drive
☒ Director Kalispell, MT 59901
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Jane Karas
☐ Vice Chairman Address: 40 Stoneridge Drive
☒ Director Kalispell, MT 59901
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

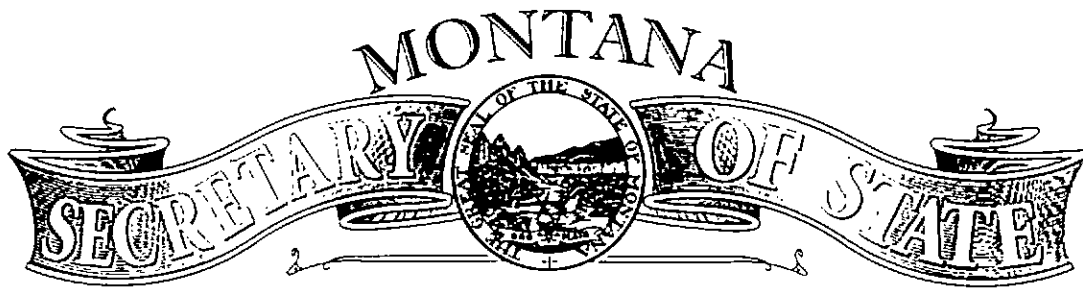
☐ Chairman Name: Charles Ludden
☐ Vice Chairman Address: 350 Lake Hills Drive
☒ Director Kalispell, MT 59901
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

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. William Gibson Secretary
(Typed or printed name and capacity of person signing application)

7 Deborah Wilson	515 Country Way Kalispell, MT 59901	8 Douglas Nelson Chief Medical Officer	483 Sirucek Lane Kalispell, MT 59901
9 Michael Goguen Director	704c E 13th St, Suite 522 Whitefish, MT 59937	10 Carol Donaldson Director	401 3rd Street East Kalispell, MT 59901
11 Michelle Harris Director	860 Hwy 282 Clancy, MT 59634	12 Rhonda Swaney Director	32803 S. Finley Point Rd. Polson, MT 59860
13 Stanley Makman Director	333 Terrace Road Kalispell, MT 59901	14 Lawrence McEvoy Director	8100 Molt Road Billings, MT 59106
15 Martha Katz Director	417 Clairemint Ave. #122 Decatur, GA 30030	16 Adam Smith Director	33737 Meadow Road Polson, MT 59860



CERTIFICATE OF EXISTENCE

I, CHRISTI JACOBSEN, Secretary of State for the State of Montana, do hereby certify that:

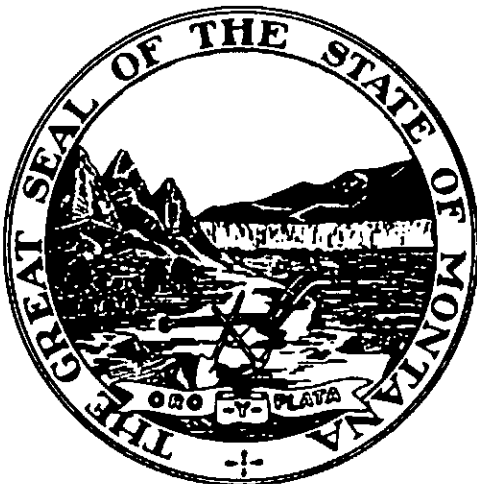
Logan Health

duly filed its Articles of Incorporation for Domestic Nonprofit Corporation in this office on May 11, 1982, and on that date was authorized to transact business in this state for a term of perpetual duration.

Payment is reflected in the records of the Secretary of State for all fees owed to the Secretary of State.

No articles of dissolution have been placed on the record in this office by said corporation and the records indicate the corporation is in good standing under the laws of the State of Montana.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on the tax status.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 25th day of February, 2022.

Christi Jacobsen

Christi Jacobsen
Montana Secretary of State

Certificate Number: 22892531