

F22000004041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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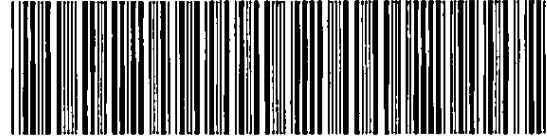
(Business Entity Name)

(Document Number)

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S. ROBERTS

**CORPORATE
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FOREIGN INC

1. SSM HEALTH CARE CORPORATION

(CORPORATE NAME AND DOCUMENT #)

2.
(CORPORATE NAME AND DOCUMENT #)

3.
(CORPORATE NAME AND DOCUMENT #)

4.
(CORPORATE NAME AND DOCUMENT #)

5.
(CORPORATE NAME AND DOCUMENT #)

6.
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

**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. SSM Health Care 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. Missouri

(State or country under the law of which it is incorporated)

3. _____

(FEI number, if applicable)

4. 11/30/1874

(Date of Incorporation)

5. _____

(Date of duration, if other than perpetual)

6. _____

(Date first conducted affairs in Florida if prior to registration. See sections 617.1301 & 617.1502, F.S. to determine penalty liability.)

7. 3 Cityplace Dr. Suite 700 St. Louis, MO 63141

(Principal office street address)

(Current mailing address, if different)

8. SEE ATTACHED EXHIBIT B

(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

Piantation

(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.

By _____

C T Corporation System

(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

SEE ATTACHED EXHIBIT A

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

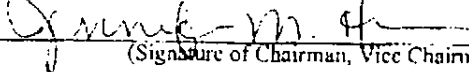
☐ President _____

☐ 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. Jennifer Horrom, Assistant Secretary
(Typed or printed name and capacity of person signing application)

EXHIBIT A
SSM HEALTH CARE CORPORATION
OFFICER AND DIRECTOR LIST 2022

OFFICERS:

Chair	Rick R. Corcoran	3 CityPlace Drive, Suite 700 St. Louis, MO 63141
Vice Chair	Marie Devlin	3 CityPlace Drive, Suite 700 St. Louis, MO 63141
President	Laura S. Kaiser	3 CityPlace Drive, Suite 700 St. Louis, MO 63141
Vice President	Steven R. Smoot	3 CityPlace Drive, Suite 700 St. Louis, MO 63141
Secretary	Douglas P. Long	3 CityPlace Drive, Suite 700 St. Louis, MO 63141
Assistant Secretary	Jennifer M. Horrom	10101 Woodfield Lane St. Louis, MO 63132
Treasurer	Randall J. Combs	3 CityPlace Drive, Suite 700 St. Louis, MO 63141
Assistant Treasurer	Mark Cagwin	12312 Olive Blvd., 4th Floor St. Louis, MO 63141

DIRECTORS:

Sr. Mary Noel Brown, CSA 3 CityPlace Drive, Suite 700 St. Louis, MO 63141	Carolyn Kindle Betz 3 CityPlace Drive, Suite 700 St. Louis, MO 63141
Sr. Kathleen Buchheit, FSM 3 CityPlace Drive, Suite 700 St. Louis, MO 63141	Lawrence J. LeGrand 3 CityPlace Drive, Suite 700 St. Louis, MO 63141
Rick R. Corcoran 3 CityPlace Drive, Suite 700 St. Louis, MO 63141	Thomas J. Merfeld 3 CityPlace Drive, Suite 700 St. Louis, MO 63141
Janice Burnett 3 CityPlace Drive, Suite 700 St. Louis, MO 63141	Kavita K. Patel, M.D. 3 CityPlace Drive, Suite 700 St. Louis, MO 63141
Marie Devlin 3 CityPlace Drive, Suite 700 St. Louis, MO 63141	Evans Richardson 3 CityPlace Drive, Suite 700 St. Louis, MO 63141
John Hardt, Ph.D. 3 CityPlace Drive, Suite 700 St. Louis, MO 63141	Samuel L. Ross, M.D. 3 CityPlace Drive, Suite 700 St. Louis, MO 63141
Sharon Homan, Ph.D. 3 CityPlace Drive, Suite 700 St. Louis, MO 63141	Michael Rozier, SJ, Ph.D. 3 CityPlace Drive, Suite 700 St. Louis, MO 63141
Donald G. Imholz 3 CityPlace Drive, Suite 700 St. Louis, MO 63141	James Whalen 3 CityPlace Drive, Suite 700 St. Louis, MO 63141

Laura S. Kaiser, FACHE
3 CityPlace Drive, Suite 700
St. Louis, MO 63141

E. Gaye Woods
3 CityPlace Drive, Suite 700
St. Louis, MO 63141

EXHIBIT B
SSM HEALTH CARE CORPORATION
PURPOSES

The purpose or purposes for which the corporation is organized are:

To provide either directly or in conjunction with other persons or organizations health care, health education, housing services, child care services, services for the elderly and related services and facilities and/or other charitable activities as may be determined from time to time by the Members of the corporation and the Board of Directors in accordance with the Bylaws of the corporation and with the teachings and mission of the Roman Catholic Church.

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

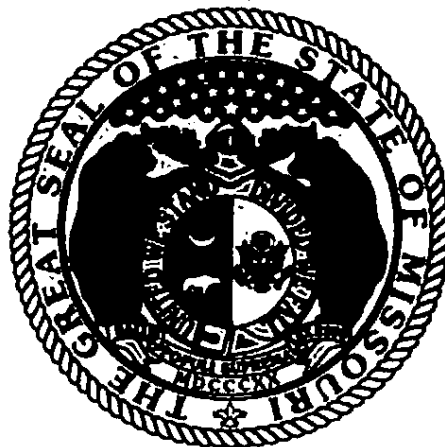
I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

SSM HEALTH CARE CORPORATION
N00028524

was created under the laws of this State on the 30th day of November, 1874, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 28th day of June, 2022.


Secretary of State



Certification Number: CERT-06282022-0068