

7/28/22, 9:44 AM

Division of Corporations

F22 Florida Department of State **4764**
 Division of Corporations
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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (954)208-0845
 Fax Number : (614)573-3996

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

SSM Health Businesses, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

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JUL 29 2022

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 Businesses, 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. Missouri 3. 43-1333488
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 05/21/1984 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.)

7. 10101 Woodfield Ln. St. Louis, MO 63132
(Principal office street address)

(Current mailing address, if different)

8. SEE ATTACHMENT A
(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

Plantation Florida 33324
(City) (Zip Code)

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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.

C T Corporation System

By Tracy Kellner Tracy Kellner - Asst. 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: SEE ATTACHMENT B

☐ 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. Douglas P. Long
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Douglas P. Long, Secretary
(Typed or printed name and capacity of person signing application)

ATTACHMENT A
SSM HEALTH BUSINESSES
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 care facilities, offices and services and related or complementary facilities and services.

ATTACHMENT B
SSM HEALTH BUSINESSES
OFFICER AND DIRECTOR LIST 2022

Officers:

President	Laura S. Kaiser	3 CityPlace Drive, Suite 700 Creve Coeur, MO 63141
Vice President	Steven R. Smoot	3 CityPlace Drive, Suite 700 Creve Coeur, MO 63141
Treasurer	Randall J. Combs	3 CityPlace Drive, Suite 700 Creve Coeur, MO 63141
Secretary	Douglas P. Long	3 CityPlace Drive, Suite 700 Creve Coeur, MO 63141

Directors:

Steven R. Smoot
SSM Health
3 CityPlace Drive, Suite 700
Creve Coeur, MO 63141

Laura S. Kaiser
SSM Health
3 CityPlace Drive, Suite 700
Creve Coeur, MO 63141

Karen Rewerts
SSM Health
3 CityPlace Drive, Suite 700
Creve Coeur, MO 63141

Douglas P. Long
SSM Health
3 CityPlace Drive, Suite 700
Creve Coeur, MO 63141

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

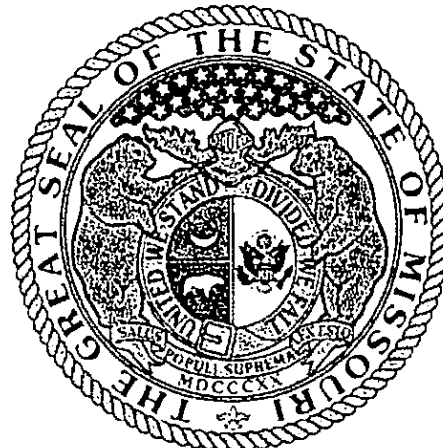
I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

SSM HEALTH BUSINESSES
N00031260

was created under the laws of this State on the 23rd day of May, 1984, 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 27th day of July, 2022.


Secretary of State



Certification Number, CERT-07272022-0114