

F22000005128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

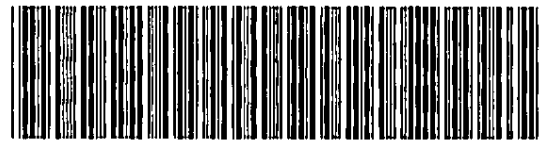
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 AUG 10 PM 4:37
CLERK OF STATE
TALLAHASSEE, FLORIDA

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AUG 10 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dime Health Centers, Inc. dba Heritage 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:

Monica McLean

Name of Person

Heritage Health

Firm/Company

PO Box 1387

Address

Hayden, ID 83835

City/State and Zip Code

mclean@myheritagehealth.org

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

For further information concerning this matter, please call:

Monica McLean

at (208)

292-0134

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. Dirne Health Centers, 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. Idaho 3. 94-3036820
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 01/17/1986 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. 1270 N Northwood Center Ct. Coeur d'Alene, ID 83814
(Principal office street address)

PO Box 1387 Hayden, ID 83835

(Current mailing address, if different)

8. Healthcare
(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)

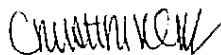
Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip Code)

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.



Christine Keim
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.

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JUDICIAL CIRCUIT IN AND FOR
FLORIDA
TALLAHASSEE

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: Michael Baker
☐ Vice Chairman Address: PO Box 1387
☐ Director Hayden, ID 83835
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: CEO ☐ Other: _____

☐ Chairman Name: Mark Hampe
☐ Vice Chairman Address: PO Box 1387
☐ Director Hayden, ID 83835
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: CFO ☐ Other: _____

☐ Chairman Name: Edward Larsen
☐ Vice Chairman Address: PO Box 1387
☐ Director Hayden, ID 83835
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: COO ☐ Other: _____

☐ Chairman Name: Anthony Rehil-Crest
☐ Vice Chairman Address: PO Box 1387
☐ Director Hayden, ID 83835
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: CCO ☐ Other: _____

☐ Chairman Name: Jade East
☐ Vice Chairman Address: PO Box 1387
☐ Director Hayden, ID 83835
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: CAO ☐ 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. Mike Baker
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Michael Baker Chief Executive Officer
(Typed or printed name and capacity of person signing application)



STATE OF IDAHO

Lawrence Denney | Secretary of State

Business Office

450 North 4th Street

PO Box 83720

Boise, ID 83720

August 3, 2022

Request Type: Certificate of Existence/Filing

Request #: 0004842129

Receipt #: 000696397

Issuance Date: 08/03/2022

Copies Requested: 0

Regarding: **DIRNE HEALTH CENTERS, INC.**

Filing Type: Non-Profit Corporation (D)

Formation/Qualification Date: 01/17/1986

Status: Active-Good Standing

Duration Term: Perpetual

File #: 251118

Formation Locale: IDAHO

Inactive Date:

Certificate of Existence

I, Lawrence Denney, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

DIRNE HEALTH CENTERS, INC.

is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above.

A handwritten signature in black ink, appearing to read "Lawrence Denney".

Lawrence Denney

Idaho Secretary of State

Processed By: Business Division

Verification #: 019389943