

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

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

Community Health Network, Inc.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$70.00 |

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Community Health Network, Inc.

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:

Karen Ann Lloyd

Name of Person

Community Health Network, Inc.

Firm/Company

7330 Shadeland Station, Suite 200

Address

Indianapolis, IN, 46256

City/State and Zip Code

lensupport@deloitte.com

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

For further information concerning this matter, please call:

Karen Ann Lloyd

Name of Person

at (800) 777-7775

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

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**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. Community Health Network, 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. Indiana 3. 35-0983617
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 5/22/1952 5. Perpetual
(Date of Incorporation) (Date of duration, if other than perpetual)

6. 10/1/2022
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 7330 Shadeland Station, Suite 200, Indianapolis, IN, 46256
(Principal office street address)

(Current mailing address, if different)

8. The organization provides a well integrated health care system with hundreds of physicians, hospitals, surgery centers & etc.
(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)

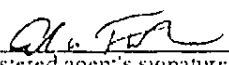
Name: Legaline Corporate Services Inc.

Office Address: 476 Riverside Ave

Jacksonville, Florida 32202
(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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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 Bryan A Mills
☐ Vice Chairman Address 7330 Shadeland Station
☐ Director Suite 200, Indianapolis, IN 46256
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer _____
☒ Other CFO ☐ Other _____

☐ Chairman Name Kyle B Fisher
☐ Vice Chairman Address 7330 Shadeland Station
☐ Director Suite 200, Indianapolis, IN 46256
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer _____
☒ Other CFO ☒ Other Asst. Treasurer

☐ Chairman Name Patricia Raney
☐ Vice Chairman Address 7330 Shadeland Station,
☐ Director Suite 200, Indianapolis, IN 46256
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer _____
☒ Other Asst. Secretary ☐ Other _____

☐ Chairman Name Gary Aletto
☐ Vice Chairman Address 7330 Shadeland Station,
☒ Director Suite 200, Indianapolis, IN 46256
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name Jason Becker
☐ Vice Chairman Address 7330 Shadeland Station,
☒ Director Suite 200, Indianapolis, IN 46256
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name Rodney Cotton
☐ Vice Chairman Address 7330 Shadeland Station,
☒ Director Suite 200, Indianapolis, IN 46256
☐ 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. Kyle B Fisher
 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Kyle B Fisher, Assistant Treasurer & CFO
 (Typed or printed name and capacity of person signing application)

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| COMMUNITY HEALTH NETWORK, INC. List of Directors | | |
|---|--------------------------|---|
| Name | Title | Business Address |
| Gary Aletto | Director | 7330 Shadeland Station, Suite 200, Indianapolis, IN 46256 |
| Jason Becker | Director | 7330 Shadeland Station, Suite 200, Indianapolis, IN 46256 |
| Rodney Cotton | Director | 7330 Shadeland Station, Suite 200, Indianapolis, IN 46256 |
| Bruce King | Director | 7330 Shadeland Station, Suite 200, Indianapolis, IN 46256 |
| Maggie Lewis | Director | 7330 Shadeland Station, Suite 200, Indianapolis, IN 46256 |
| Bryan Mills | Director | 7330 Shadeland Station, Suite 200, Indianapolis, IN 46256 |
| Annette Moore, M.D | Director | 7330 Shadeland Station, Suite 200, Indianapolis, IN 46256 |
| Michael Peterson | Director | 7330 Shadeland Station, Suite 200, Indianapolis, IN 46256 |
| Charles Platz, M.D | Director | 7330 Shadeland Station, Suite 200, Indianapolis, IN 46256 |
| Rafael Sanchez | Director | 7330 Shadeland Station, Suite 200, Indianapolis, IN 46256 |
| Yvonne Shaheen | Director | 7330 Shadeland Station, Suite 200, Indianapolis, IN 46256 |
| Kristin Sherman | Director | 7330 Shadeland Station, Suite 200, Indianapolis, IN 46256 |
| Charles Vore, M.D | Director | 7330 Shadeland Station, Suite 200, Indianapolis, IN 46256 |
| Marina Hadjoannou Waters | Director | 7330 Shadeland Station, Suite 200, Indianapolis, IN 46256 |
| Brian Williams | Director | 7330 Shadeland Station, Suite 200, Indianapolis, IN 46256 |
| Bryan A Mills | President & CEO | 7330 Shadeland Station, Suite 200, Indianapolis, IN 46256 |
| Kyle B Fisher | Assistant Treasurer, CFO | 7330 Shadeland Station, Suite 200, Indianapolis, IN 46256 |
| Patricia Raney | Assistant Secretary | 7330 Shadeland Station, Suite 200, Indianapolis, IN 46256 |

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State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting,

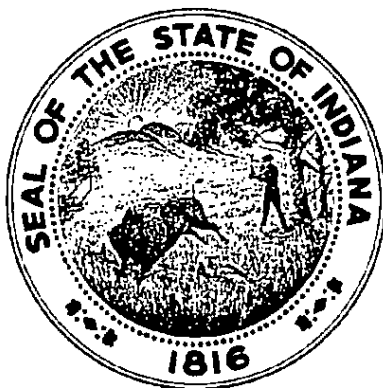
I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

COMMUNITY HEALTH NETWORK, INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on May 22, 1952, and was in existence or authorized to transact business in the State of Indiana on November 08, 2022.

I further certify this Domestic Nonprofit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be attixed my signature and the seal of the State of Indiana, at the City of Indianapolis, November 08, 2022

Holli Sullivan

HOLLI SULLIVAN
SECRETARY OF STATE

192854A118 . 20222857245

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on December 08, 2022.

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