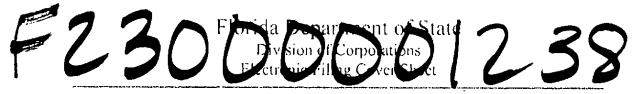
3/2/23, \$:54 AM

Division of Corporations



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.

(((H230000801613)))



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To:

Division of Corporations

Fax Number : (850)617-6383

Fram:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA003000023 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: ECMSTeam1@wolterskluwer.com

### FOREIGN PROFIT/NONPROFIT CORPORATION

Providence Health & Services - Oregon

Certificate of Status	0
Certified Copy	<u>l</u>
Page Count	05
Estimated Charge	\$78.75

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Help

## 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:

(Name of corpo	ealth & Services - Oregon  rration; must include the word "IN age as will clearly indicate that it present "Company" or "Co" may	CORPORATED" or "Cost a corporation instead	ORPORATION" or words or abbreviations of a natural person or partnership if not so contending by a nonprofit corporation.)	of like ntained
	dth & Services - Oregon, Inc.	not be used as a corpor	are surrix by a nonprofit corporation.	
	_	corporate name adopted	for the purpose of transacting business in Flo	ııda)
			_	
Oregon		3 51-0216	(FEI number, (f applicable)	
(2000-01-02)	ntry under the faw of which it is i	acorporated)	(Pf:f number, if applicable)	
02/20/1934	)ata at Incorporation)	<u> </u>	(Date of duration, if other than perpetual)	<del></del>
	zate of mediporation)		(Date of duration, if other than perpetual)	
1/1/2023	mand afficience Distribution of access to an	Sun satisma	17.1501 & 617 1502, F.S. to determine penalty	7. 10.
				иотицу.)
1801 Lind Av	e. SW. #9016, Renton, WA 98057			
	I	(Principal office <u>street</u>	address)	
	(Cı	irrent mailing address, i	(different)	
Healthcare				
(Purpose(s) of	corporation authorized in home st	ate or country to be carr	red out in the state of Florida)	
. , .	•	,		
Name and str	<u>eet_address</u> of Florida registere	d agent. (P.O. Box $f N$	OT acceptable)	
Name:	C T Corporation System 1200 South Pine Island Road			
files Addesses	1200 South Pine Island Road			
rice Address.	Dimension			
	Plantation (City)	Floric	(Zin Code)	
	((,)		(23) Code)	
aving been na signated in th	is application. Thereby accept	t the appointment as	ocess for the above stated corporation as registered agent and agree to act in this o the proper and complete performance registered agent.	canacity
	СТ Согрога	ation System		
	Ву	Maria Px	reta	
	Muria Czaeta,	(Registered agent's )	nature)	
Attachadis			e than 90 days prior to delivery of this a	mlication

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.

To:

### DocuSign Envelope ID: E4FAB89D-2FE4-4951-A920-C4562A1E06A6

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. Brik 3. Wexler	□Chairman	Name: Gregory Hoftman				
_lVice Chairman	Address: 1801 Lind Ave SW, #9014	JVice Chairman	Address 1901 bind Ave 9W, #9016				
□Director	Renton WA 98087	Thirector	Fention WA 34/137				
≅1President		TPresident	<u></u>				
□Vice President		□Vice President					
□Secretary	Treasurer	□Secretary	<b>∑</b> Treasurer				
□Other;	□ Other	□ Other	Uther				
□Chairman	Name. Anna Newson	□Chairman	Name: Canes D Walson				
コVice Chairman	Address: 1901 Lind Ave SW, #9016	コVice Chairman	Address1501 Lind Ave. SW. #9016				
Director	Renton WA 96087	\(\bar{Director}\)	Renton WA 96087				
□President		□President					
TVice President		"IVice President					
□ Secretary	∃Treasmer	□Secretary	□Treasmer				
⊒Other	Other	厦Other <u>Asst</u> 。A	errerary Other				
_J Chairman	Name:Cim_Martism	_lChairman	Name: Richard Blair				
□Vice Chairman	Address: 1601 Dind Avc. SW. #9016	□Vice Chairman	Address: 1301 Lind Ave. SW. #9015				
<b>∃Director</b>	Penson WA 98057	-≱Director	Renton WA 98087				
President		President					
lVice President		lVice President					
TiSecretary	T)Treasmer	TSecretary	Treasurer				
図Other Asst. Tr	Teasurer Ti Other	f Other	[7]Other:				
NOTE Important Notice Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only.  Non-indext Inflit viduals may be added to the index when filing your Florida Department of State Annual Report form  James D. Walson. Assistant Secretary							
(Typed or printed name and capacity of person signing application)							

# PROVIDENCE HEALTH & SERVICES - OREGON OFFICERS/DIRECTORS ALL ADDRESSED AT

1801 Lind Ave. SW, #9016, Renton, Washington 98057
\*\*\*(CNTD.)\*\*\*

Crawford, Ph.D., Isiaah Director Hejna, CSJ,RN,Sr. Diane Director Hughes, RSM, Dr. PH, Sr. Phyllis Director Kingston, Mary Beth Director Lyons, PhD Mary Director Murphy, Michael Director, Chair Pacini, LCM, Sr. Carol Director Sorenson, MD, Charles Director Sprunk, Eric Director

## State of Oregon

OFFICE OF THE SECRETARY OF STATE

Corporation Division

## **Certificate of Existence 800078**

I, SHEMIA FAGAN, SECRETARY OF STATE and Custodian of the Seal of said State, do hereby certify:

### **PROVIDENCE HEALTH & SERVICES - OREGON**

is

a Nonprofit Corporation

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

SHEMIA FAGAN, SECRETARY OF STATE

Issued Date: 2/24/2023



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