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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

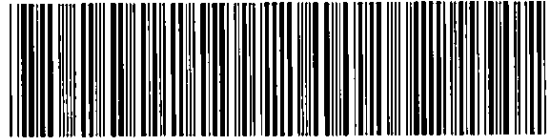
(Business Entity Name)

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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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ALLIANCE

MAR 21 2023  
K. Brumley

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 03/20/2023

Acc#I20160000072

*W: 12/11*

Name:	CHESTNUT HEALTH SYSTEMS, INC.
Document #:	
Order #:	14663657

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>	Email Address for Annual Report Notifications: <div>jcbarnes@chestnut.org</div>
	Plain: <input type="checkbox"/>	
	COGS: <input type="checkbox"/>	

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 78.75

Thank you!

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Chestnut Health Systems, 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:

Puneet Leekha

Name of Person

Chestnut Health Systems, Inc.

Firm/Company

1003 Martin Luther King Jr. Dr.

Address

Bloomington, IL 61701

City/State and Zip Code

jcbarnes@chestnut.org

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

For further information concerning this matter, please call:

Name of Person

at ( )

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. Chestnut Health Systems, 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. Illinois 3. 37-0964629  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 7/28/1970 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. 1003 Martin Luther King Jr. Dr. Bloomington, IL 61701  
(Principal office street address)

(Current mailing address, if different)

8. telecommuting employee  
(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.

C T Corporation System

By

(Registered agent's signature)

*Christina Kewer*

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 attached.  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

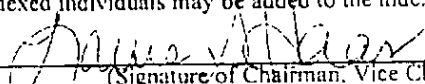
☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ 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. Laura Haas, Chair of the Board  
 (Typed or printed name and capacity of person signing application)



**Chestnut Health Systems Board of Directors  
November 2022 – December 2023**

**Laura Haas, Chair** (member since 5/07)  
**Assistant Vice President, Human Resources/  
Diversity, State Farm Insurance (retired)**  
24207 Ron Smith Hwy  
Hudson, IL 61748  
(cell) (309) 824-0221  
[lhaas38@yahoo.com](mailto:lhaas38@yahoo.com)

**James Foley, Vice Chair** (member since 12/14)  
**Director, Turner Ctr. For Entrepreneurship/  
Operations**  
Foster College of Business  
(wk) 1501 W. Bradley Ave  
Peoria, IL 61625  
(cell) (309) 453-7895  
(hm) 1605 W. moss Ave  
Peoria, IL 61606  
[jff@fsmail.bradley.edu](mailto:jff@fsmail.bradley.edu)

**Eliazar Mendiola, Secretary** (member since 12/15)  
**Consultant**  
1906 Stanley Lane  
Bloomington, IL 61705  
(hm) (309) 829-4997  
[eliazarm@yahoo.com](mailto:eliazarm@yahoo.com)

**George Wood, Treasurer** (member since 1/19)  
**Hartweg, Turner, Wood & DeVary, P.C.**  
207 W. Jefferson St., Suite 400  
Bloomington, IL 61701  
(hm) 25997 N. 1850 E. Rd.  
Lexington, IL 61753  
(wk) (309) 827-0044  
[gwood@htwlawyers.com](mailto:gwood@htwlawyers.com)

**Angela Allen** (member since 2/19)  
**Program Manager, Country Financial**  
(wk) 808 IAA Dr.  
Bloomington, IL 61701  
(cell) (309) 826-8969  
(hm) 1707 King Dr., Unit A  
Normal, IL 61761  
[angela.allen@countryfinancial.com](mailto:angela.allen@countryfinancial.com)  
[ASAllen3191@gmail.com](mailto:ASAllen3191@gmail.com)

**Patrick Busch** (member since 1/18)  
**President, Heartland Bank and Trust**  
(wk) 401 N. Hershey Road  
Bloomington, IL 61704  
(hm) 57 Country Club  
Bloomington, IL 61701  
[buschpat@yahoo.com](mailto:buschpat@yahoo.com)

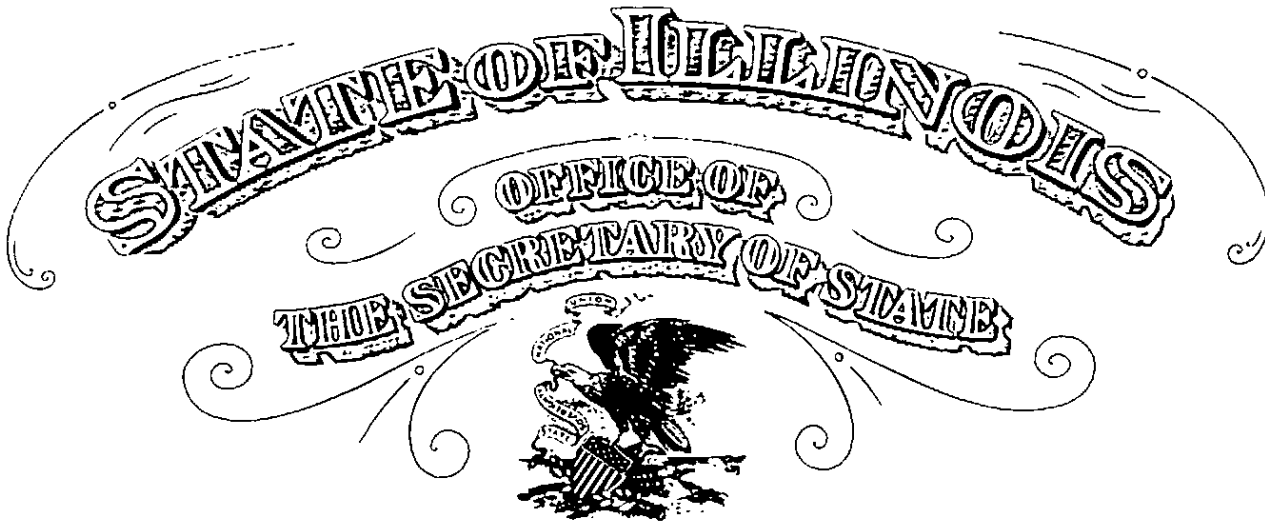
**Judy Neubrandner** (member since 12/17)  
**Dean, Mennonite College of Nursing**  
(wk) Illinois State University, Campus Box 5810  
Normal, IL 61790-5801  
(wk) (309) 438-2174  
(hm) 2 Stoney Ct  
Bloomington, IL 61704  
[jneubr@ilstu.edu](mailto:jneubr@ilstu.edu); cc: [slynch@ilstu.edu](mailto:slynch@ilstu.edu)

**Mary Ann Webb, Chair** (member since 5/08)  
**MCK CPAs & Advisors**  
3207 Yorkshire Ct.  
Bloomington, IL 61704  
(cell) (309) 530-8441  
[webb\\_at\\_home@comcast.net](mailto:webb_at_home@comcast.net)

**Dennis Wilmsmeyer** (member since 5/18)  
**Executive Director, America's Central Ports**  
1635 W. First St.  
Granite City, IL 62040  
(hm) (618) 781-6833  
[dwilmsmeyer@americascentralport.com](mailto:dwilmsmeyer@americascentralport.com)

File Number

4969-627-2



***To all to whom these Presents Shall Come, Greeting:***

*I, Alexi Giannoulis, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

CHESTNUT HEALTH SYSTEMS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 28, 1970, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 9TH day of MARCH A.D. 2023 .***

Authentication #: 2306801010 verifiable until 03/09/2024

Authenticate at: <https://www.ilsos.gov>

*Alexi Giannoulis*

SECRETARY OF STATE