

# F23000004665

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
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From:

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## FOREIGN PROFIT/NONPROFIT CORPORATION ST JOSEPH HOSPITAL OF ORANGE INC

Certificate of Status	0
Certified Copy	1
Page Count	04
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DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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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. St. Joseph Hospital of Orange 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. California 3. 95-1643359  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/26/1941 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. 1100 W STEWART DR, ORANGE, CA 92868  
(Principal office street address)

(Current mailing address, if different)

8. ACUTE CARE HOSPITAL SERVICES  
(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

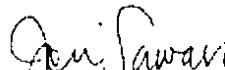
Plantation Florida 33324  
(City) (Zip Code)

### 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



Jori Sawan, 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.

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: Jeremy S. Zoch  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director 1100 W. Stewart, Dr.  
☒ President Orange, CA 92868  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other: CEO ☐ Other: \_\_\_\_\_

☐ Chairman Name: Eileen Haubl  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director 1100 W. Stewart, Dr.  
☐ President Orange, CA 92868  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☒ Treasurer  
☒ Other: CFO ☐ Other: \_\_\_\_\_

☐ Chairman Name: James D. Watson  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director 1100 W. Stewart, Dr.  
☐ President Orange, CA 92868  
☐ Vice President \_\_\_\_\_  
☒ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Jim Martin  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director 1100 W. Stewart, Dr.  
☐ President Orange, CA 92868  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other: Assist. Treasurer ☐ Other: \_\_\_\_\_

☐ Chairman Name: Christopher Wills, MD  
☐ Vice Chairman Address: \_\_\_\_\_  
☒ Director 1100 W. Stewart, Dr.  
☐ President Orange, CA 92868  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Kathleen O'Leary  
☐ Vice Chairman Address: \_\_\_\_\_  
☒ Director 1100 W. Stewart, Dr.  
☐ President Orange, CA 92868  
☐ 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]  
 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. James D. Watson, Secretary  
 (Typed or printed name and capacity of person signing application)

**ATTACHMENT ADDITIONAL DIRECTORS****ST. JOSEPH HOSPITAL OF ORANGE INC.**

1100 W. Stewart. Dr.  
Orange, CA 92868

Sr. Karen Clock	Director
Jon Coleman	Director
Kenneth Cosgrove	Director
Sr. Judith Dugan, CSJ,	Director
Mary Anne Foo	Director
Michelle Hobby-Mears	Director
Sudeep Kukreja, MD	Director
Becky Nguyen	Director
Sr. Suzanne Sassus, CSJ	Director
Ruben Smith	Director
Kevin Snyder	Director
Tanja Cebula	Director
Peter Smethurst	Director



## Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

**Entity Name:** ST. JOSEPH HOSPITAL OF ORANGE  
**Entity No.:** 0189413  
**Registration Date:** 11/26/1941  
**Entity Type:** Nonprofit Corporation - CA - Public Benefit  
**Formed In:** CALIFORNIA  
**Status:** Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of August 03, 2023.

A handwritten signature in black ink, appearing to read "Shirley N. Weber".

**SHIRLEY N. WEBER, PH.D.**  
Secretary of State

**Certificate No.:** 135132021

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at [bizfileOnline.sos.ca.gov](https://bizfileOnline.sos.ca.gov).