

F23000004673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

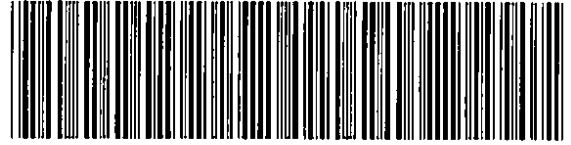
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W23-107547

Office Use Only



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APPROVED
AND
FILED

2023 AUG - 7 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2023 AUG - 7 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 09 2023

K. Brumley



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 7, 2023

CT

CORRECTED
Please Allow For
Same File Date

SUBJECT: ST. JOSEPH HOME CARE NETWORK
Ref. Number: W23000107547

We have received your document for ST. JOSEPH HOME CARE NETWORK and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 323A00017834

RECEIVED
2023 AUG -9 AM 10:46
TALLAHASSEE, FLORIDA

CT CORP
(850)656-4724
3458 Lakeshore Drive,
Tallahassee, FL 32312

Date: 08/07/2023

Acc#I20160000072

en: c SW

Name:	St. Joseph Home Care Network INC.
Document #:	
Order #:	15064184

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"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notification

eleni.marantidis@providence.org

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

Amount: \$ **78.75**

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: St. Joseph Home Care 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:

Eleni Marantidis

Name of Person

St. Joseph Health System

Firm/Company

3345 Michelson Dr., Ste. 100

Address

Irvine CA 92612-0693

City/State and Zip Code

eleni.marantidis@providence.org

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

For further information concerning this matter, please call:

Eleni Marantidis

Name of Person

at (714)

Area Code

351-7925

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. St. Joseph Home Care 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. California 3. 68-0331084
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/19/1994 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. 441 College Ave., Santa Rosa, California 95401
(Principal office street address)

(Current mailing address, if different)

8. Home health care 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 Maria Ozaeta Maria Ozaeta, Vice President
(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.

APPROVED
AND
FILED
2023 AUG - 7 PM 4:10
RECORDING & CLERK
TALLAHASSEE, FLORIDA

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

(SEE ATTACHED)

☐ 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: _____

☐ 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. Rachel Arrington
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Rachel Arrington, Secretary
(Typed or printed name and capacity of person signing application)

ST. JOSEPH HOME CARE NETWORK

LIST OF OFFICERS & TRUSTEES

**With address:
441 College Ave.
Santa Rosa, CA 95401**

Officers:

Terri Warren	- President
MaLisa Westlund	- Chief Finance Officer
Rachel Arrington	- Secretary

Board of Trustees

Jody Albright
Janice Burger
Mike Clark
Peter Fullerton
Robert McCann
Dianna Reely
Joanne Roberts
Terry Rogers
Larry Schechter
Eddie Swafford
Terri Warren
Terry Wooten
Jim Zapp



Secretary of State

Certificate of Status

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

Entity Name:	ST. JOSEPH HOME CARE NETWORK
Entity No.:	1742691
Registration Date:	04/19/1994
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 04, 2023.

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

Certificate No.: 135384943

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.