

To:

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2023-10-12 11:41:06 CST

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From: David Thomas

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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: eeagleson1@iuhealth.org

FOREIGN PROFIT/NONPROFIT CORPORATION
INDIANA UNIVERSITY HEALTH BLOOMINGTON INC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

DEFINITION

2023 OCT 12 PM 2:10

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32399-0400

SECRETARY OF STATE
TALLAHASSEE, FL

2023 OCT 12 AM 9:26

FILED

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. INDIANA UNIVERSITY HEALTH BLOOMINGTON, 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

(State or country under the law of which it is incorporated)

3.

(FEI number, if applicable)

4. 02/24/1987

(Date of Incorporation)

5.

(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. 2905 N. Stone Carver Dr., Bloomington, IN 47404

(Principal office street address)

(Current mailing address, if different)

8. Employment of remote team members in Florida.

(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

(City)

Florida

33324

(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.

Denise Bell

Denise Bell, Assistant Secretary, CT Corporation

(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.

FILED
2023 OCT 12 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FL

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: John K. Sparzo, MD, MBA
☐ Vice Chairman Address: 2905 N. Stone Carver Dr.
☐ Director Bloomington, IN 47404
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: Chief Medical Officer ☐ Other: _____

☒ Chairman Name: Jack Kenworthy
☐ Vice Chairman Address: 2905 N. Stone Carver Dr.
☐ Director Bloomington, IN 47404
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

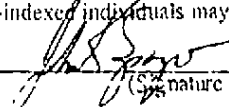
☐ Chairman Name: Richard Hendrickson
☒ Vice Chairman Address: 2905 N. Stone Carver Dr.
☐ Director Bloomington, IN 47404
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Julie Minton
☐ Vice Chairman Address: 2905 N. Stone Carver Dr.
☐ Director Bloomington, IN 47404
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Joyce Poling
☐ Vice Chairman Address: 2905 N. Stone Carver Dr.
☐ Director Bloomington, IN 47404
☐ 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. John K. Sparzo, MD, MBA, President and Chief Medical Officer
 (Typed or printed name and capacity of person signing application)

**State of Indiana
Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

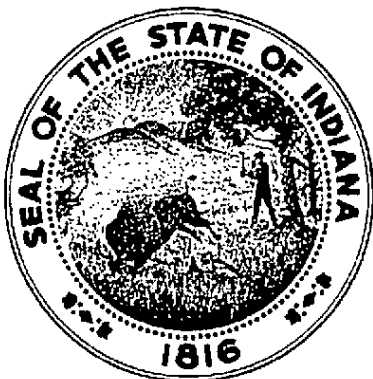
I, DIEGO MORALES, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

INDIANA UNIVERSITY HEALTH BLOOMINGTON, INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on February 24, 1987, and was in existence or authorized to transact business in the State of Indiana on October 06, 2023.

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 affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, October 06, 2023

Diego Morales

DIEGO MORALES
SECRETARY OF STATE

198702-922 / 20233404329

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

Expires on November 05, 2023.