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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

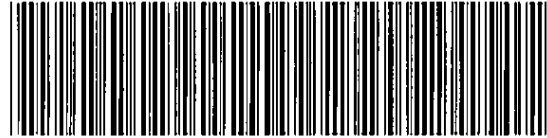
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2023 AUG 21 PM 3:31
FALLS CHURCH, VA

2023 AUG 21 PM 3:31

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE GOOD SHEPHERD REHABILITATION HOSPITAL
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:

STEVEN BREIDIGAN

Name of Person

THE GOOD SHEPHERD REHABILITATION HOSPITAL

Firm/Company

850 S. FIFTH STREET

Address

ALLENTOWN, PA 18103

City/State and Zip Code

SBREIDIGAN@GSRH.ORG

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

For further information concerning this matter, please call:

STEVEN BREIDIGAN at (610) 778-1044

Name of Person

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. THE GOOD SHEPHERD REHABILITATION HOSPITAL 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.)

THE GOOD SHEPHERD REHABILITATION HOSPITAL INC

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. PENNSYLVANIA 3. 23-1371947

(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. NOVEMBER 15, 1909

5. _____

(Date of Incorporation)

(Date of duration, if other than perpetual)

6. APRIL 4, 2023

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 850 S. FIFTH STRET, ALLENTOWN, PA 18103

(Principal office street address)

(Current mailing address, if different)

8. PROVIDE & SUPPORT REHABILITATIVE HEATLHCARE 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: Registered Agents Inc

Office Address: 7901 4th St N STE 300

St. Petersburg

(City)

Florida 33702

(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.

David Roberts

(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.

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2023 AUG 21 PM 3:31
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: MICHAEL SPIGEL
☐ Vice Chairman Address: 850 S. FIFTH STREET
☐ Director _____
☒ President _____
☐ Vice President ALLENTOWN, PA 18103
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☒ Chairman Name: GARY SCHMIDT
☐ Vice Chairman Address: 850 S. FIFTH STREET
☐ Director _____
☐ President _____
☐ Vice President ALLENTOWN, PA 18103
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: SANDRA BODNYK
☒ Vice Chairman Address: 850 S. FIFTH STREET
☐ Director _____
☐ President _____
☐ Vice President ALLENTOWN, PA 18103
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: JOHN C. RICHTER
☐ Vice Chairman Address: 850 S. FIFTH STREET
☐ Director _____
☐ President _____
☐ Vice President ALLENTOWN, PA 18103
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: JAN S. HELLER
☐ Vice Chairman Address: 850 S. FIFTH STREET
☐ Director _____
☐ President _____
☐ Vice President ALLENTOWN, PA 18103
☐ Secretary ☒ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: POLLY BESTE
☐ Vice Chairman Address: 850 S. FIFTH STREET
☒ Director _____
☐ President _____
☐ Vice President ALLENTOWN, PA 18103
☐ 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. Michael Spigel
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. MICHAEL SPIGEL, PRESIDENT & CEO
(Typed or printed name and capacity of person signing application)

COVER LETTER

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Division of Corporations

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Name of Corporation – must include suffix

Dear Sir or Madam:

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STEVEN BREIDIGAN

Name of Person

THE GOOD SHEPHERD REHABILITATION HOSPITAL

Firm/Company

850 S. FIFTH STREET

Address

ALLENTOWN, PA 18103

City/State and Zip Code

SBREIDIGAN@GSRH.ORG

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

For further information concerning this matter, please call:

STEVEN BREIDIGAN at (610) 778-1044

Name of Person

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Daytime Telephone Number

Mailing Address:

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P.O. Box 6327
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Street Address:

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The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
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Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$70.00 Filing Fee

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1. **THE GOOD SHEPHERD REHABILITATION HOSPITAL**

(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. **PENNSYLVANIA** 3. **23-1371947**
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. **NOVEMBER 15, 1909** 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

6. **JUNE 22, 2020**
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)

7. **850 S. FIFTH STRET, ALLENTOWN, PA 18103**
(Principal office street address)

(Current mailing address, if different)

8. **PROVIDE REHABILITATIVE HEATHCARE 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: **Registered Agents Inc**
Office Address: **7901 4th St N STE 300**
St. Petersburg, Florida **33702**
(City) (Zip Code)

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STATE
TALLAHASSEE, FL

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.

David Roberts

(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: MICHAEL SPIGEL
☐ Vice Chairman Address: 850 S. FIFTH STREET
☐ Director _____
☒ President _____
☐ Vice President ALLENTOWN, PA 18103
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☒ Chairman Name: GARY SCHMIDT
☐ Vice Chairman Address: 850 S. FIFTH STREET
☐ Director _____
☐ President _____
☐ Vice President ALLENTOWN, PA 18103
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

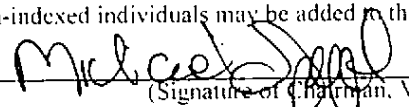
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☐ Director _____
☐ President _____
☐ Vice President ALLENTOWN, PA 18103
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: JOHN C. RICHTER
☐ Vice Chairman Address: 850 S. FIFTH STREET
☐ Director _____
☐ President _____
☐ Vice President ALLENTOWN, PA 18103
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: JAN S. HELLER
☐ Vice Chairman Address: 850 S. FIFTH STREET
☐ Director _____
☐ President _____
☐ Vice President ALLENTOWN, PA 18103
☐ Secretary ☒ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: POLLY BESTE
☐ Vice Chairman Address: 850 S. FIFTH STREET
☒ Director _____
☐ President _____
☐ Vice President ALLENTOWN, PA 18103
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

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13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. MICHAEL SPIGEL, PRESIDENT & CEO
(Typed or printed name and capacity of person signing application)

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T: 717-787-1057
dos.pa.gov/BusinessCharities

Regarding: The Good Shepherd Rehabilitation Hospital
Request Type: Subsistence Certificate **Issuance Date:** July 14, 2023
Request No.: 018644833 **File No.:** 0000142923
Receipt No.: 000603712
Filing Type: Domestic Nonprofit Corporation
Filing Subtype: Nonprofit Corporation
Initial Filing Date: November 15, 1909
Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

The Good Shepherd Rehabilitation Hospital

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused the seal
of my office to be affixed, the day and year
above written

Albert Schmidt
Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov

BOARD OF TRUSTEES

*Good Shepherd Rehabilitation Network
The Good Shepherd Rehabilitation Hospital
The Good Shepherd Home Long Term Care Facility, Inc.
Good Shepherd Long Term Acute Care Services, Inc.
The Good Shepherd Housing Development Corporation
Good Shepherd Group LLC
2023*

<i>Board of Trustees 2023</i>
Beste, Polly
Bodnyk, Sandra L., Vice Chair
DeCampi, Pamela
Emrick, Paul
Fessler, David
Gustave, Lori
Greenfield, James (Rev)
Haymon, Elsbeth G.
Heller, Jan S., Treasurer
Lynch, Thomas
Pessina, Michael (Mike)
Richardson, Tina Ph.D.
Richter, John C., Secretary
Salicetti, Victor
Schmidt, Gary R. , Chair of the Board
Spigel, Michael
Steckel, Timothy, MD
Topper, Maura