

F230000006768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

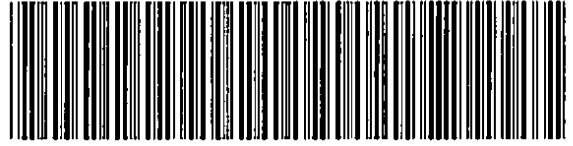
(Business Entity Name)

(Document Number)

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

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Paul Oliver Memorial 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:

Brian Conaghan

Name of Person

Munson Healthcare

Firm/Company

1105 Sixth Street

Address

Traverse City, MI 49684

City/State and Zip Code

bconaghan@mhc.net

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

For further information concerning this matter, please call:

Brian Conaghan

Name of Person

at ( 231 )

Area Code

935-6912

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. PAUL OLIVER MEMORIAL HOSPITAL, CORPORATION

(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. Michigan 3. 38-1415623  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/12/1944 5. perpetual  
(Date of Incorporation) (Date of duration, if other than perpetual)

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

7. 224 Park Ave., Frankfort, MI 49635  
(Principal office street address)

1105 Sixth Street, Traverse City, MI 49684

(Current mailing address, if different)

8. To engage in activities related to the delivery of healthcare  
(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)

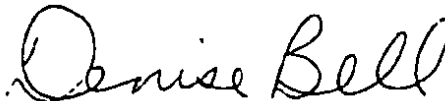
10. **Registered agent's acceptance:**

*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 Denise Bell Asst 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.

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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: Kelly Tomaszewski

☐ Vice Chairman Address: 224 Park Ave

☐ Director Frankfort, MI 49635

☒ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☒ Chairman Name: Elaine Wood

☐ Vice Chairman Address: 224 Park Ave

☐ Director Frankfort, MI 49635

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Ruth Hoppe, M.D.

☐ Vice Chairman Address: 224 Park Ave

☐ Director Frankfort, MI 49635

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☒ Secretary ☐ Treasurer

☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Tim Nelson

☐ Vice Chairman Address: 224 Park Ave

☐ Director Frankfort, MI 49635

☐ 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 \_\_\_\_\_

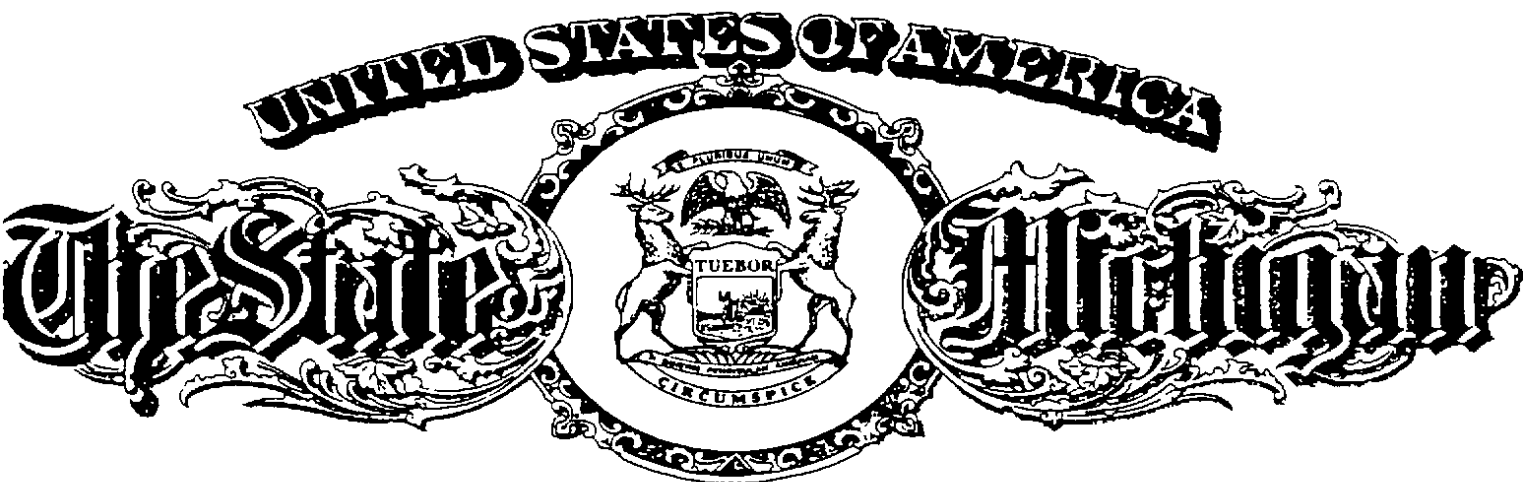
☐ Secretary ☐ Treasurer

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

14. Kelly Tomaszewski, President  
(Typed or printed name and capacity of person signing application)



Department of Licensing and Regulatory Affairs

Lansing, Michigan

*This is to Certify That*

**PAUL OLIVER MEMORIAL HOSPITAL**

*was validly incorporated on June 12, 1944 as a Michigan nonprofit corporation, and said corporation is validly in existence under the laws of this state.*

*This certificate is issued pursuant to the provisions of 1982 PA 162 to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to conduct affairs in Michigan and for no other purpose.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.*

*In testimony whereof, I have hereunto set my hand,  
in the City of Lansing, this 5th day of October, 2023.*

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau