

F23000006955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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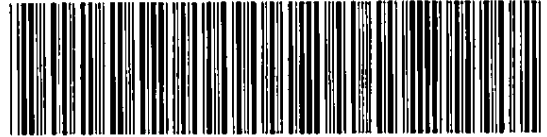
(Business Entity Name)

(Document Number)

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SHIRLEY L. GALE
TALLAHASSEE, FLORIDA

DEC 18 2023

K. Brumbley

CT CORP
(850) 656- 4724
3558 lakesore Drive
Tallahassee, FL 32312

Date: 12/18/2023

Acc#I20160000072

en: 12/18

Name:	CENTERSTONE RESEARCH INSTITUTE, INC.
Document #:	
Order #:	15272330 - 1

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:	
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Amount: \$ **78.75**

Thank you!

**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. CENTERSTONE RESEARCH INSTITUTE, 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 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04-23-2008 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. 44 Vantage Way, Suite 400, Nashville, Tennessee 37228, United States
(Principal office street address)

44 Vantage Way, Suite 400, Nashville, Tennessee 37228, United States
(Current mailing address, if different)

Centerstone Research Institute, Inc. is accountable to Centerstone's clinical operations for advancing care delivery and championing science-based care through clinical excellence, innovation, research, evaluation, clinical training, quality improvement, risk management, and patient safety.

8. _____
(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)

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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 Denise Bell, Assistant Secretary

By

Denise Bell

(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: Carolyn Audet
☐ Vice Chairman Address: _____
☒ Director 44 Vantage Way, Suite 400
☐ President Nashville, Tennessee 37228
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Carol Bean
☐ Vice Chairman Address: _____
☐ Director 44 Vantage Way, Suite 400
☐ President Nashville, Tennessee 37228
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Mark Faulkner
☐ Vice Chairman Address: _____
☒ Director 44 Vantage Way, Suite 400
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Ashley Newton
☐ Vice Chairman Address: _____
☐ Director 44 Vantage Way, Suite 400
☒ President Nashville, Tennessee 37228
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Lisa Hooker Campbell
☐ Vice Chairman Address: _____
☒ Director 44 Vantage Way, Suite 400
☐ President Nashville, Tennessee 37228
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Tom Mahler
☐ Vice Chairman Address: _____
☒ Director 44 Vantage Way, Suite 400
☐ President Nashville, Tennessee 37228
☐ 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. Carol R. Bean
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Carol Bean, treasurer
(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:

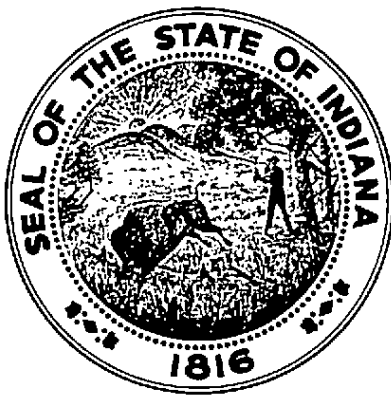
I, DIEGO MORALES, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

CENTERSTONE RESEARCH INSTITUTE, INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on April 23, 2008, and was in existence or authorized to transact business in the State of Indiana on December 12, 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, December 12, 2023

Diego Morales

DIEGO MORALES
SECRETARY OF STATE

2008042400488 / 20233507476

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

Expires on January 11, 2024.