

Florida Department of State
F24 000001618
 Division of Corporations
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To:

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

From:

Account Name : C T CORPORATION SYSTEM
 Account Number : FCA020000023
 Phone : (614)280-3338
 Fax Number : (614)573-3996

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Email Address: corporaterecords@northwell.edu

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DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

**FOREIGN PROFIT/NONPROFIT CORPORATION
 NORTHWELL HEALTHCARE, INC**

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

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2024 MAR 22

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. NORTHWELL HEALTHCARE, 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. NEW YORK

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

3. 11-2965586

(FEI number, if applicable)

4. 03/01/1988

(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. 2000 Marcus Avenue, New Hyde Park, NY 11042

(Principal office street address)

(Current mailing address, if different)

8. Corporation will provide healthcare administration and management 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

(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.

C T Corporation System

By _____

(Registered agent's signature)

Kaity Toon Kaity Toon, Asst. Secretary

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 J. Dowling
☐ Vice Chairman Address: 2000 Marcus Avenue
☐ Director New Hyde Park, NY 11042
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Laurence A. Kraemer
☐ Vice Chairman Address: 2000 Marcus Avenue
☐ Director New Hyde Park, NY 11042
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer _____
☒ Other: CLO ☐ Other: _____

☐ Chairman Name: Michele L. Cusack
☐ Vice Chairman Address: 2000 Marcus Avenue
☐ Director New Hyde Park, NY 11042
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer _____
☒ Other: CFO ☐ Other: _____

☐ Chairman Name: Robert D. Rosenthal
☐ Vice Chairman Address: 2000 Marcus Avenue
☐ Director New Hyde Park, NY 11042
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Donald Zucker
☐ Vice Chairman Address: 2000 Marcus Avenue
☐ Director New Hyde Park, NY 11042
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Harry Gindi
☐ Vice Chairman Address: 2000 Marcus Avenue
☐ Director New Hyde Park, NY 11042
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer _____
☒ Other: Asst. Secretary ☐ 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. Laurence Kraemer
 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Laurence A. Kraemer, EVP, Chief Legal Officer, General Counsel & Assistant Secretary
 (Typed or printed name and capacity of person signing application)

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: NORTHWELL HEALTHCARE, INC.
DOS ID Number: 1239850
Entity Type: DOMESTIC NOT-FOR-PROFIT CORPORATION
Entity Status: EXISTING
Date of Initial Filing with DOS: 03/01/1988

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State,
at the City of Albany, on March 18, 2024 at 03:38 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

A handwritten signature in black ink that reads "Brendan C. Hughes".

By Brendan C. Hughes
Executive Deputy Secretary of State