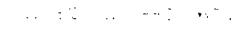
# F24000006230

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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### **COVER LETTER**

TO:	Registration Section Division of Corporations					
CHRI	ECT: Phoenix Children's Hospital, Inc.					
SUBJ	Name of Corporation – must include suffix					
Dear S	ir or Madam;					
Affair	sclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to r the above referenced not for profit corporation to conduct its affairs in Florida.					
Please	return all correspondence concerning this matter to the following:					
	Cynthia Mercado					
	Name of Person					
	Caritas Law Group					
	Firm/Company					
	2307 S Rural Road					
	Address					
	Tempe, Arizona 85282					
	City/State and Zip Code					
	cynthia@caritaslawgroup.com					
	E-mail address: (to be used for future annual report notification)					
For fu	rther information concerning this matter, please call:					
Cynth	ia Mercado 480 428-3392 at ( )					
	Name of Person Area Code Daytime Telephone Number					
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303					
Please	sed is a check for the following amount: make check payable to: FLORIDA DEPARTMENT OF STATE  0.00 Filing Fee \$\Bigsquare \sqrt{578.75}\$ Filing Fee \$\Bigsquare \sqrt{587.50}\$ Filing Fee,  Certificate of Status Certified Copy 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:

(Name of corpor		
import in langua in the name at pi	ration: must include the word "INCoge as will clearly indicate that it is resent. "Company" or "Co." may no	ORPORATED" or "CORPORATION" or words or abbreviations of like a corporation instead of a natural person or partnership if not so contained of the used as a corporate suffix by a nonprofit corporation.)
(If name unava	ilable in Florida, enter alternate cor	rporate name adopted for the purpose of transacting business in Florida)
Arizona		orporated) (FEI number, if applicable)
7/31/1980		5. (Date of duration, if other than perpetual)
(D		
(Date first cond	ucted affairs in Florida if prior to regi	istration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
	s Road, Phoenix, Arizona 85016	
		rincipal office street address)
	(Curr	rent mailing address, if different)
The Corporation	on is hiring a remote employee.	e or country to be carried out in the state of Florida)
(Dummas -/-> -	corporation authorized in home state	e or country to be carried out in the state of Florida)
(rurpose(s) of (	corporation authorized in nome state	
	•	agent: (P.O. Box NOT acceptable)
. Name and <u>stre</u>	•	agent: (P.O. Box NOT acceptable)
Name and streen	C T Corporation System  1200 South Pine Island Road	
Name and streen Name:  Office Address:	C T Corporation System  1200 South Pine Island Road	
Name and streen Name:  Office Address:	C T Corporation System  1200 South Pine Island Road	
. Name and <u>stre</u> Name: Office Address:	C T Corporation System  1200 South Pine Island Road  Plantation  (City)	, cr 2
Name and streen. Name: Office Address:	C T Corporation System  1200 South Pine Island Road  Plantation  (City)  agent's acceptance:	
Name and street Name:  Office Address:  O. Registered Javing been na	C T Corporation System  1200 South Pine Island Road  Plantation  (City)  agent's acceptance: med as registered agent and to is application, I hereby accept the	. Florida 33324  (Zip Code)  accept service of process for the above stated corporation at the place the appointment as registered agent and agree to act in this capacity.
Name and street. Name: Office Address:  O. Registered laving been na esignated in the agree to	C T Corporation System  1200 South Pine Island Road  Plantation  (City)  agent's acceptance: med as registered agent and to is application, I hereby accept to comply with the provisions of desired agent and to the comply with the provisions of desired agent.	. Florida 33324  (Zip Code)  accept service of process for the above stated corporation at the place the appointment as registered agent and agree to act in this capacity, all statutes relative to the proper and complete performance of mind du
Name and street. Name: Office Address: Office Registered Idving been na esignated in the	C T Corporation System  1200 South Pine Island Road  Plantation  (City)  agent's acceptance: med as registered agent and to is application, I hereby accept to comply with the provisions of desired agent and to the comply with the provisions of desired agent.	. Florida 33324  (Zip Code)  accept service of process for the above stated corporation at the place the appointment as registered agent and agree to act in this capacity.
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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. DIRECTOR							
☑ Chairman	Name:	□Chairman	Name: Michael Ebert				
□Vice Chairman	Address: 1919 E Thomas Road		Address:1919 E Thomas Road				
⊠Director	Phoenix, AZ 85016	☑ Director	Phoenix, AZ 85016				
□President		□President					
□Vice President	<del></del>	□Vice President					
□Secretary	Treasurer	□Secretary	□Treasurer				
□Other:	Other:	Other:	Other:				
□ Chairman	Name: Omar Alvarez	□Chairman	Name: _ Rich Boals				
□Vice Chairman	Address: 1919 E Thomas Road	□Vice Chairman	Address:1919 E Thomas Road				
☑Director	Phoenix, AZ 85016	☑Director	Phoenix, AZ 85016				
□President		□President					
□Vice President		□Vice President					
☐ Secretary	Treasurer	Secretary	□Treasurer				
□Other:	Other:	□Other:	Other:				
□Chairman	Name: Taylor Burke	□Chairman	Name: Molly Ryan Carson				
□Vice Chairman	Address: 1919 E Thomas Road	□Vice Chairman	Address:1919 E Thomas Road				
☑Director	Phoenix, AZ 85016	☑Director	Phoenix, AZ 85016				
□President	<del></del>	□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	□Secretary	□Treasurer				
□Other:	Other:	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							
(Typed or printed name and capacity of person signing application)							

## PHOENIX CHILDREN'S HOSPITAL, INC. 1919 E Thomas Road, Phoenix, Arizona 85016

### #12A DIRECTORS (cont'd)

Robert Delgado

George Getz

Jon Hulburd

Robert Meyer

Nathan Page, MD

Dustin Rayhorn, MD

Donald Slager





## STATE OF ARIZONA



## Office of the CORPORATION COMMISSION

### CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

### PHOENIX CHILDREN'S HOSPITAL, INC.

ACC file number: 01315299

was incorporated under the laws of the State of Arizona on 07/31/1980;

That all annual reports owed to date by said corporation have been filed or delivered for filing, and all annual filing fees owed to date have been paid; and

That, according to the records of the Arizona Corporation Commission, said corporation is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.



IN WITNESS WHEREOF. I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: 09/26/2024

Douglas R. Clark, Executive Director

Angle R.Clark





### Caritas Law Group P.C.

Direct Telephone Number: 480.428.3392

October 29, 2024

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: Phoenix Children's Hospital, Inc.

To whom it may concern:

In fulfillment of your filing requirements, please find enclosed the following documents on behalf of the foreign nonprofit corporation listed above:

- Cover Letter
- Application by Foreign Not For Profit Corporation for Authorization to Conduct its Affairs in Florida
  - o w/attachment of additional list of directors
- Certificate of Good Standing
- \$78.75 filing fee

Sincerely,

Cynthia Mercado

Paralegal