

F250000000 157

(Requestor's Name)

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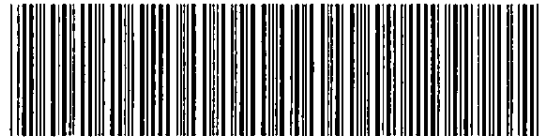
(Business Entity Name)

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CT CORP
(850) 656-4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 01/08/2025
Acc#I20160000072

en: c DW

Name:	North Shore University Hospital
Document #:	
Order #:	16046060

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!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NORTH SHORE UNIVERSITY 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:

LAURENCE A. KRAEMER

Name of Person

NORTHWELL HEALTH

Firm/Company

OFFICE OF LEGAL AFFAIRS

2000 MARCUS AVENUE

Address

NEW HYDE PARK, NY 11042

City/State and Zip Code

CORPORATERECORDS@NORTHWELL.EDU

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

For further information concerning this matter, please call:

Laurence A. Kraemer

at (516) 321-6629
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. NORTH SHORE UNIVERSITY 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.)

NORTH SHORE UNIVERSITY HOSPITAL CORP.

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

2. NEW YORK 3. 11-1562701
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1/10/1946 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. 300 COMMUNITY DRIVE, MANHASSET, NY 11030
(Principal office street address)

2000 MARCUS AVENUE, NEW HYDE PARK, NY 11042
(Current mailing address, if different)

8. HOSPITAL
(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.

By Stephen Rullis C T Corporation System
Stephen Rullis, VP & Asst. Secy.
(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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SECRETARY OF STATE
DIVISION OF CORPORATIONS
25 JAN -8 PM 12:34

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: CEO ☐ 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: 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: Mark A. Gloade
☐ Vice Chairman Address: 2000 Marcus Avenue
☐ Director New Hyde Park, NY 11042
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: Asst. Secy. ☐ Other: _____

☐ Chairman Name: Harry E. Gindi
☐ Vice Chairman Address: 2000 Marcus Avenue
☐ Director New Hyde Park, NY 11042
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: Asst. Secy. ☐ Other: _____

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

14. MARK A. GLOADE, DEPUTY GENERAL COUNSEL AND ASSISTANT SECRETARY
(Typed or printed name and capacity of person signing application)

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, 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:	NORTH SHORE UNIVERSITY HOSPITAL
DOS ID Number:	76318
Entity Type:	DOMESTIC NOT-FOR-PROFIT CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	01/10/1946

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 January 08, 2025 at 02:36 P.M.

WALTER T. MOSLEY
Secretary of State

BRENDAN C. HUGHES
Executive Deputy Secretary of State

Authentication Number: 100007253998 To Verify the authenticity of this document you may access the
Division of Corporation's Document Authentication Website at <http://ccorp.dos.ny.gov>