-99000004254

ACCOUNT NO. : 072100000032

REFERENCE

: _330615

AUTHORIZATION

COST LIMIT

ORDER DATE : August 4, 1999

ORDER TIME : 10:03 AM

ORDER NO. : 330615-005

CUSTOMER NO:

4802897

500002962885--1

CUSTOMER: Phyllis J. Conn, Legal Asst

Garfunkel Wild & Travis

111 Great Neck Rd.

Ste. 503

Great Neck, NY 11021_

FOREIGN FILINGS

NAME:

ST. BARNABAS HOSPITAL

XXXX QUALIFICATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: James Guy

TRANSMITTAL LETTER

I I I I I I I I I I I I I I I I I I I	670
TO: Qualification/Registration Section Division of Corporations	S 18 MII. 39
SUBJECT:StBarnabas Hospital. Inc(Name of Corporation)	- 3
Dear Sir or Madam:	1 04
The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Cond its Affairs in Florida", "Certificate of Existence", and check are submitted to register the aboreferenced not for profit corporation to conducts its affairs in Florida.	uct ove
Please return all correspondence concerning this matter to the following:	
Judith Eisen, Esq. (Name of Person)	
(Name of Forson)	
Garfunkel, Wild & Travis, P.C. (Firm/Company)	
111 Great Neck Road; Suite 503 (Address)	- to on
Great Neck, New York 11021 (City, State and Zip Code)	 ,· .
For further information concerning this matter, please call:	
	 ,
STREET ADDRESS: Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS: Qualification/Tax Lien Section -Division of Corporations P. O. Box 6327 -Tallahassee, FL 32314	
Enclosed is a check for the following amount:	
- 250 75 Filing Fee & G \$78.75 Filing Fee & G \$87.50 Fi	ite of Status &

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:

	ϕ	
1	St. Barnabas Hospital, Inc.	3 G
1.	person or partnership it not so commend to the person of partnership in the solution of the person o	11.39
_	Now York 3. 13-1740122	
2.	(State or country under the law of which it is incorporated)	
4	5. <u>Perpetual</u> (Duration: Year corp. will cease to exist or	z 0
4.	(Date of Incorporation) 5. Percetual (Duration: Year corp. will cease to exist or "perpetual")	
6.	Upon qualification (Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)	
	Third Avenue and 193rd Street	
7	THITG Avenue and 100	
	Bronx, New York 11457 (Current mailing address)	,
8	Any lawful act or activity (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) Name and street address of Florida registered agent:	. was a
	CORPORATION SERVICE COMPANY	
	(Name)	
	1201 Hays Street	
	(Office address)	
	Tallahassee , Florida, 32301-2607 (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.	

(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. Names and addresses of officers and/or directors: (Street address only- P. O. Box NOT acceptable) A. DIRECTORS (Street address only- P. O. Box NOT acceptable) Chairman: See Attached Address:_____ Vice Chairman:_____ Address:_____ Director:_____ Address:_____ Director:___ Address:___ B. OFFICERS (Street address only- P. O. Box NOT acceptable) See Attached President:_____ Address: _____ Vice President:_____ Address: _ Secretary:_____ Address:___ Treasurer ______ Address:__ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

> Ronald Gade, MD, President (Typed or printed name and capacity of person signing application)

13.

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

ST. BARNABAS HOSPITAL, INC.

Attachment

12. A. Directors

Chairman

Mr. Victor Wright
Hon. John A. Barone
Ms. Elizabeth Bartlett
Paul Cushman, M.D.
Maureen D. Donovan, Esq.

Ms. Magda Fierro
Mrs. Helen Foster
Fletcher Hodges, III
Mr. Thomas Hughes
Mr. Stanley Kreitman
Mr. John McKew
Charles Moerdler, Esq.
Grover O'Neill, Jr.

Maxwell S. Pfeifer, Esq. Ms. Elizabeth Sanchez Mr. Salvatore Sclafani Stanley Schiowitz, D.O. Matthew Schure, Ph.D. Sharon Smith, Ph.D.

Mr. John N. Tognino Rev. Jeffrey P. von Arx, S.J.

Joseph Waltz, M.D.

Address:

St. Barnabas Hospital, Inc.
Third Avenue and 183rd Street
Bronx, New York 11457

B. Officers

President

Ronald Gade, M.D.

St. Barnabas Hospital, Inc. Third Avenue and 183rd Street Bronx, New York 11457

Senior Vice President of Administration and Treasurer

John Maher

St. Barnabas Hospital, Inc. Third Avenue and 183rd Street Bronx, New York 11457 99 MIG 18 MAII: 39

State of New York Department of State

I hereby certify, that the certificate of incorporation of ST. BARNABAS HOSPITAL was filed on 06/11/1877, under the name of HOME FOR INCURABLES, as a Not-for-Profit corporation and that a diligent examination has been made of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

A Certificate of Amendment HOME FOR INCURABLES, changing name to ST. BARNABAS HOSPITAL, was filed 06/30/1975.



Witness my hand and the official seal of the Department of State at the City of Albany, this 16th day of August one thousand nine hundred and ninety-nine.

Special Deputy Secretary of State

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DIVESTOR OF CORPORATIONS

ON AUG 18 AM 11: 39