

MIP000000579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

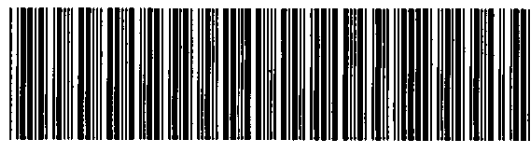
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800281064768

01/20/16--01005--009 **70.00

FILED
16 JAN 20 PM 3:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

JAN 22 2016
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Henry Ford Health System
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:

Douglas Samojedny
Name of Person

Henry Ford Health System
Firm/Company

735 John R Road, Suite 150
Address

Troy, MI 48083
City/State and Zip Code

rxadvcmp@hfhs.org
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JAN 20 PM 3:17
FILED

For further information concerning this matter, please call:

Douglas Samojedny at (800) 456-2112
Name of Person Area Code Daytime Telephone Number

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$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. Henry Ford Health System
(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.)

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

2. Michigan 3. 38-1357020
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 9/8/15 5. perpetual
(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. 735 John R Road Suite 150, Troy, MI 48083
(Principal office address)

Same
(Current mailing address, if different)


8. To Mail medications to our patients residing in the state of Florida
(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: InCorp Services, Inc.
Office Address: 17888 67th Ct N
Loxahatchee, Florida 33470
(City) (Zip Code)

FILED
15 JAN 20 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.


Sara Brantigan on behalf of InCorp Services, Inc.
(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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

FILED
16 JAN 20 PM 3:17
SECRETARY OF STATE
TOLSON BUILDING
ANN ARBOR MI 48106

B. OFFICERS

President: CEO Nancy M. Schlichting

Address: One Ford Place 5B, Detroit MI 48202

Vice President: _____ of Pharmacy Services Daniel P. Kus

Address: 30100 Telegraph Rd, Suite 200, Bingham Farms, MI 48205

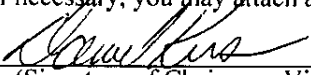
Secretary: Edith L. Eisenmann

Address: One Ford Place 5B, Detroit, MI 48202

Treasurer: Edward G. Chadwick

Address: One Ford Place 5B, Detroit, MI 48202

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Daniel P. Kus VP of Pharmacy Services
(Typed or printed name and capacity of person signing application)

**Henry Ford Health System
Corporate Officers
12/24/2015**

Sandra E. Pierce, Chair, Board of Trustees
Chair

C/O Governance
Henry Ford Health System
One Ford Place
Detroit, MI 48202

Nancy M. Schlichting, Chief Executive Officer
CEO
e-mail- nschlic1@hflhs.org

Henry Ford Health System
One Ford Place 5B
Detroit, Michigan 48202

Jack Martin
Vice Chair

C/O Governance
One Ford Place 5B
Detroit, Michigan48202

Stephanie W. Bergeron
Vice Chair

C/O Governance
One Ford Place 5B
Detroit, Michigan48202

J. Wes Paisley
Vice Chair

C/O Governance
One Ford Place 5B
Detroit, Michigan48202

Leroy C Richie
Vice Chair

C/O Governance
One Ford Place 5B
Detroit, Michigan48202

Edith L. Eisenmann, Secretary
e-mail- ceisena@hflhs.org
Phone- 313 876-8401

Henry Ford Health System
One Ford Place 5B
Detroit, Michigan 48202

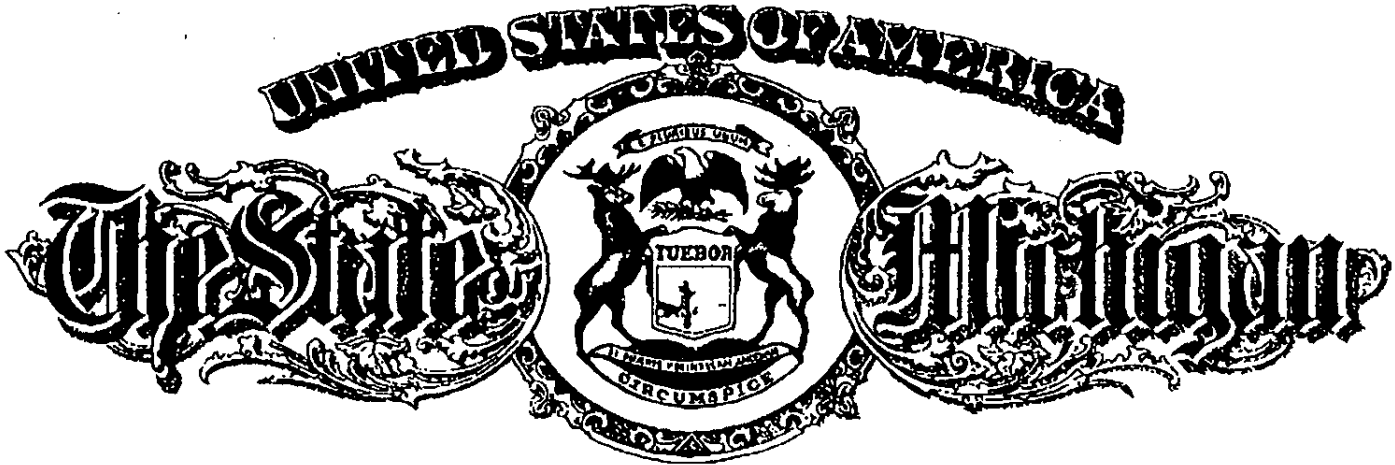
Edward G. Chadwick, Treasurer
e-mail- echadwi1@hflhs.org
Phone- 313 876-8714

Henry Ford Health System
One Ford Place 5B
Detroit, MI 48202

Daniel P. Kus, V.P. of Pharmacy Services
e-mail-dkus1@hflhs.org
Phone 734 751-8004

Henry Ford Health System
30100 Telegraph Rd, Suite 200
Bingham Farms, MI 48205

FILED
16 JAN 20 PM 3:17
GENERAL SERVICES DIVISION
TALLAHASSEE, FLORIDA



Department of Licensing and Regulatory Affairs
Lansing, Michigan

This is to Certify That

HENRY FORD HEALTH SYSTEM

was validly incorporated on September 8, 1915, as a Michigan nonprofit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1982 PA 162, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to conduct affairs in Michigan and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

FILED
 16 JAN 20 PM 3:18
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Sent by Facsimile Transmission
1361527

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 4th day of January, 2016.

Julia Dale

Julia Dale, Acting Director
Corporations, Securities & Commercial Licensing Bureau