

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21000005645

Entity Name: GUNDERSEN LUTHERAN MEDICAL FDTN, INC., RESOLVE THROUGH SHARING

Current Principal Place of Business:

1900 SOUTH AVE MAILSTOP FDN-002
LA CROSSE, WI 54601

Current Mailing Address:

1900 SOUTH AVE MAILSTOP FDN-002
LA CROSSE, WI 54601 US

FEI Number: 39-1249705

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NORTHWEST REGISTERED AGENT LLC
7901 4TH ST N
STE 300
ST PETERSBURG, FL 33702 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIR
Name HENSEL, MARY BETH
Address 7901 4TH ST N STE 300
City-State-Zip: ST. PETERSBURG FL 33702

Title SECRETARY, TREASURER
Name CASSIDY, KATHLEEN A
Address 1900 SOUTH AVE MAILSTOP FDN-002
City-State-Zip: LA CROSSE WI 54601

Title PRESIDENT
Name GUNDERSEN MEDICAL FOUNDATION
Address 1900 SOUTH AVE MAILSTOP FDN-002
City-State-Zip: LA CROSSE WI 54601

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CASSIDY , KATHLEEN A

**SECRETARY,
TREASURER**

02/28/2024

Electronic Signature of Signing Officer/Director Detail

Date