

**2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000002479

**Entity Name:** VIRGINIA MASON MEDICAL CENTER, CORPORATION

**FILED**  
**Apr 14, 2022**  
**Secretary of State**  
**4834071828CC**

**Current Principal Place of Business:**

1100 NINTH AVE  
M/S: GB-ADM  
SEATTLE, WA 98101

**Current Mailing Address:**

1100 NINTH AVE  
M/S: GB-ADM  
SEATTLE, WA 98101 US

**FEI Number: 91-0565539**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 DIRECTOR, CHAIRMAN  
Name HAMACHECK, TOD  
Address 1100 NINTH AVE  
City-State-Zip: SEATTLE WA 98101

Title VC, DIRECTOR  
Name CORVI, CAROLYN  
Address 1100 NINTH AVE  
City-State-Zip: SEATTLE WA 98101

Title DIRECTOR  
Name BOB, CARLILE  
Address 1100 NINTH AVE  
M/S: GB-ADM  
City-State-Zip: SEATTLE WA 98101

Title DIRECTOR  
Name KAREN, LEE  
Address 1100 NINTH AVE  
M/S: GB-ADM  
City-State-Zip: SEATTLE WA 98101

Title DIRECTOR, TREASURER  
Name ROBERT, LEMON  
Address 1100 NINTH AVE  
M/S: GB-ADM  
City-State-Zip: SEATTLE WA 98101

Title DIRECTOR  
Name GREGG, MEYER  
Address 1100 NINTH AVE  
M/S: GB-ADM  
City-State-Zip: SEATTLE WA 98101

Title DIRECTOR  
Name JOHN, OPPENHEIMER  
Address 1100 NINTH AVE  
M/S: GB-ADM  
City-State-Zip: SEATTLE WA 98101

Title SECRETARY  
Name CHAMBLISS, MIRIAM  
Address 1100 NINTH AVE  
M/S: GB-ADM  
City-State-Zip: SEATTLE WA 98101

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*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: NOSACKA , DAVID**

**CFO**

**04/14/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP AND CFO  
Name NOSACKA, DAVID  
Address 1100 NINTH AVE  
M/S: GB-ADM  
City-State-Zip: SEATTLE WA 98101