#### **2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000002479

Entity Name: VIRGINIA MASON MEDICAL CENTER, CORPORATION

FILED Sep 07, 2023 Secretary of State 7087356473CC

## **Current Principal Place of Business:**

1100 9TH AVE M/S: GB-ADM

SEATTLE, WA 98101-2756

# **Current Mailing Address:**

1100 9TH AVE M/S: GB-ADM

SEATTLE, WA 98101-2756 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, VICE CHAIRMAN OF THE

BOARD

Name CORVI, CAROLYN

Address 1100 9TH AVE

M/S: GB-ADM

City-State-Zip: SEATTLE WA 98101-2756

Title DIRECTOR

Name KAREN, LEE

Address 1100 9TH AVE

M/S: GB-ADM

City-State-Zip: SEATTLE WA 98101-2756

Title DIRECTOR

Name GREGG, MEYER

Address 1100 9TH AVE

M/S: GB-ADM

City-State-Zip: SEATTLE WA 98101-2756

Title SECRETARY

Name CHAMBLISS, MIRIAM

Address 1100 9TH AVE

M/S: GB-ADM

City-State-Zip: SEATTLE WA 98101-2756

Title DIRECTOR

Name BOB, CARLILE

Address 1100 9TH AVE

M/S: GB-ADM

City-State-Zip: SEATTLE WA 98101-2756

Title DIRECTOR, VC

Name ROBERT, LEMON

Address 1100 9TH AVE

M/S: GB-ADM

City-State-Zip: SEATTLE WA 98101-2756

Title DIRECTOR

Address

Address

Name JOHN, OPPENHEIMER

1100 9TH AVE M/S: GB-ADM

City-State-Zip: SEATTLE WA 98101-2756

Title VP AND CFO

Name NOSACKA, DAVID

1100 9TH AVE

M/S: GB-ADM

City-State-Zip: SEATTLE WA 98101-2756

# Continues on page 2

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: DAVID NOSACKA CFO 09/07/2023

Electronic Signature of Signing Officer/Director Detail

Date

### Officer/Director Detail Continued:

DIRECTOR, CHAIRMAN OF THE BOARD Title Title DIRECTOR

CHI, ULI Name CONNELLY, JUDE Name

Address 1100 9TH AVE Address 1100 9TH AVE M/S: GB-ADM M/S: GB-ADM

SEATTLE WA 98101-2756 City-State-Zip: SEATTLE WA 98101-2756 City-State-Zip:

DIRECTOR Title DIRECTOR Title

GOODWIN, RUTH BETSY HAMACHEK, TOD Name Name

Address 1100 9TH AVE Address 1100 9TH AVE

M/S: GB-ADM M/S: GB-ADM

SEATTLE WA 98101-2756 SEATTLE WA 98101-2756 City-State-Zip: City-State-Zip:

Title DIRECTOR Title **DIRECTOR** 

HOFFMAN, MICHAEL Name HUNTHAUSEN, DENNIS Name

Address 1100 9TH AVE Address 1100 9TH AVE

M/S: GB-ADM M/S: GB-ADM

SEATTLE WA 98101-2756 City-State-Zip: SEATTLE WA 98101-2756 City-State-Zip:

Title **DIRECTOR** Title **DIRECTOR** O'QUINN, MARVIN PUL, DIANN Name Name

Address 1100 9TH AVE Address 1100 9TH AVE M/S: GB-ADM M/S: GB-ADM

SEATTLE WA 98101-2756 SEATTLE WA 98101-2756 City-State-Zip: City-State-Zip: