

**2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000002479

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

**Current Principal Place of Business:**

1100 NINTH AVE  
SEATTLE, WA 98101

**Current Mailing Address:**

1100 NINTH AVE  
SEATTLE, WA 98101

**FEI Number: 91-0565539**

**Certificate of Status Desired: Yes**

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

WARDELL, SETH  
4001 LONICERA LOOP  
ST JOHNS, FL 32259 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 C  
Name YOUNG, JAMES  
Address 1100 NINTH AVE  
City-State-Zip: SEATTLE WA 98101

Title DV  
Name ORLIKOFF, JAMES  
Address 1100 NINTH AVE  
City-State-Zip: SEATTLE WA 98101

Title CEO  
Name KAPLAN, GARY  
Address 1100 NINTH AVE  
City-State-Zip: SEATTLE WA 98101

Title V  
Name FREEMAN, KEN  
Address 1100 NINTH AVE  
City-State-Zip: SEATTLE WA 98101

*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: KAPLAN GARY**

**CEO**

**03/14/2014**

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

\_\_\_\_\_  
Date