

2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F22000000251

Entity Name: SUTTER BAY MEDICAL FOUNDATION CORPORATION**Current Principal Place of Business:**2000 POWELL STREET 10TH FLOOR
EMERYVILLE, CA 94608**Current Mailing Address:**2000 POWELL STREET 10TH FLOOR
EMERYVILLE, CA 94608 US**FEI Number:** 94-1156581**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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:** ASHLEY ISBERT, ASSISTANT VP

05/05/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name VILARDO, ELIZABETH
Address 2000 POWELL STREET 10TH FLOOR
City-State-Zip: EMERYVILLE CA 94608

Title SECRETARY
Name BROWN, GREGORY L
Address 2000 POWELL STREET 10TH FLOOR
City-State-Zip: EMERYVILLE CA 94608

Title TREASURER
Name DEAN, BRIAN
Address 2000 POWELL STREET 10TH FLOOR
City-State-Zip: EMERYVILLE CA 94608

Title CHAIRMAN
Name FLOWERS, ERIC
Address 2000 POWELL STREET 10TH FLOOR
City-State-Zip: EMERYVILLE CA 94608

Title DIRECTOR
Name BRIODY, THOMAS
Address 2000 POWELL STREET 10TH FLOOR
City-State-Zip: EMERYVILLE CA 94608

Title DIRECTOR
Name BRUNETTI, WILLIAM
Address 2000 POWELL STREET 10TH FLOOR
City-State-Zip: EMERYVILLE CA 94608

Title DIRECTOR
Name KACHER COBB, MD, JILL
Address 2000 POWELL STREET 10TH FLOOR
City-State-Zip: EMERYVILLE CA 94608

Title DIRECTOR
Name COELLER MD, NATHALIE
Address 2000 POWELL STREET 10TH FLOOR
City-State-Zip: EMERYVILLE CA 94608

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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: GREGORY L. BROWN**SECRETARY**

05/05/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DEIKEL, THEODORE
Address 2000 POWELL STREET 10TH FLOOR
City-State-Zip: EMERYVILLE CA 94608

Title DIRECTOR
Name MAXWORTHY DNP, JULI
Address 2000 POWELL STREET 10TH FLOOR
City-State-Zip: EMERYVILLE CA 94608

Title DIRECTOR
Name PADVAL, UMESH
Address 2000 POWELL STREET 10TH FLOOR
City-State-Zip: EMERYVILLE CA 94608

Title DIRECTOR
Name RYAN, JOHN
Address 2000 POWELL STREET 10TH FLOOR
City-State-Zip: EMERYVILLE CA 94608

Title DIRECTOR
Name THOMAS, WARNER
Address 2000 POWELL STREET 10TH FLOOR
City-State-Zip: EMERYVILLE CA 94608

Title DIRECTOR
Name HOA MD, STEVEN
Address 2000 POWELL STREET 10TH FLOOR
City-State-Zip: EMERYVILLE CA 94608

Title DIRECTOR
Name NAKAGAWA PHD, YUMI
Address 2000 POWELL STREET 10TH FLOOR
City-State-Zip: EMERYVILLE CA 94608

Title DIRECTOR
Name RICHARDSON, YVONNE
Address 2000 POWELL STREET 10TH FLOOR
City-State-Zip: EMERYVILLE CA 94608

Title DIRECTOR
Name SINHA MD, RON
Address 2000 POWELL STREET 10TH FLOOR
City-State-Zip: EMERYVILLE CA 94608

Title DIRECTOR
Name VARNER MD, JANE
Address 2000 POWELL STREET 10TH FLOOR
City-State-Zip: EMERYVILLE CA 94608