

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

DOCUMENT# F20000001128

**Entity Name:** OCHSNER CLINIC FOUNDATION INC.

**Current Principal Place of Business:**

1514 JEFFERSON HWY  
NEW ORLEANS, LA 70121

**Current Mailing Address:**

1514 JEFFERSON HWY  
NEW ORLEANS, LA 70121 US

**FEI Number:** 72-0502505

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
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            PRESIDENT, DIRECTOR  
Name            THOMAS, WARNER L.  
Address        1514 JEFFERSON HWY  
City-State-Zip: NEW ORLEANS LA 70121

Title            SVP  
Name            TYNAN, SHELLEY SULLIVAN  
Address        1514 JEFFERSON HWY  
City-State-Zip: NEW ORLEANS LA 70121

*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:** TYNAN, SHELLEY SULLIVAN

SVP

02/26/2023

Electronic Signature of Signing Officer/Director Detail

Date