

F25000000818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

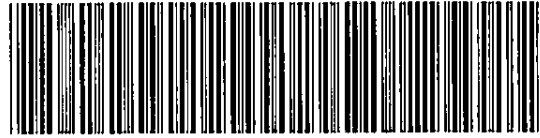
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W25-16717

Office Use Only



300442582803

APPROVED
AND
FILED
2025 FEB - 7 AM 9:17
STATE OF TEXAS
COMPTROLLER OF PUBLIC ACCOUNTS

2025 FEB - 7 PM 1:45
STATE OF TEXAS
COMPTROLLER OF PUBLIC ACCOUNTS

FEB 11 2025

K. Brumbley



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 10, 2025

FLORIDA FILING

SUBJECT: ADVOCATE AURORA HEALTH, INC.
Ref. Number: W25000016717

We have received your document for ADVOCATE AURORA HEALTH, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$450.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call .

Emani D Manning
Regulatory Specialist II

Letter Number: 925A00002761

*New ~~copy~~ debit sheet attached, please keep original
Filing date
Thank you!*

www.sunbiz.org

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 02/11/2025

NAME: ADVOCATE AURORA HEALTH, INC

TYPE OF FILING: APPLICATION

COST: 70 + ^{683.75} = \$:753.75

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



A handwritten signature in black ink, appearing to be 'Abbie/Paul Hodge', written over a horizontal line.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Advocate Aurora Health, Inc.
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Alena Martinez
Name of Person

Quarles & Brady LLP
Firm/Company

411 E. Wisconsin Avenue

Suite 2400
Address

Milwaukee, WI 53202

alena.martinez@quarles.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alena Martinez at (414) 277-5104
Name of Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. Advocate Aurora Health, Inc.
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 82-4184596
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/04/2017 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

6. 01/01/2022
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 2025 Windsor Dr., Oak Brook, IL 60523
(Principal office street address)

(Current mailing address, if different)

8. Any lawful business or activity permitted under Florida law that is necessary or convenient to the business.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip Code)

APPROVED AND FILED
2025 FEB - 7 AM 9:17
FLORIDA DEPARTMENT OF STATE
CORPORATION DIVISION

10. **Registered agent's acceptance:**
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Stephanie Hencz, Stephanie Hencz
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: See Attachment.

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other: _____ Other: _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other: _____ Other: _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other: _____ Other: _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other: _____ Other: _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other: _____ Other: _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other: _____ Other: _____

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. Rachelle Hart 2/6/2025
1E1FF20F0BFD446 Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Rachelle Hart, Assistant Secretary
(Typed or printed name and capacity of person signing application)

Attachment to Advocate Aurora Health, Inc.'s Application for Authority to Conduct Affairs for
a Foreign Not for Profit Corporation

Name	Title
Joanne Bauer	Director
Thomas Bolger	Director; Vice Chair
Lynn Crump Caine	Director
Gabrielle Finley-Hazle	Ex-officio Director; President
Mark Harris	Director
Charles Harvey	Director
Michele Richardson	Director; Chair
John Timmer	Director
Jeffrey Bahr, M.D	Vice President
Bradley Clark	Treasurer
Brett Denton	Secretary
Rachelle Hart	Assistant Secretary
Nanine Nelson	Assistant Treasurer
Dia Nichols	Vice President

Delaware

Page 1

The First State

I, CHARUNI P. SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ADVOCATE AURORA HEALTH, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF FEBRUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ADVOCATE AURORA HEALTH, INC." WAS INCORPORATED ON THE FOURTH DAY OF DECEMBER, A.D. 2017.



6645600 8300C

SR# 20250436075

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink that reads "C. P. Sanchez".

Charuni P. Sanchez, Secretary of State

Authentication: 202883843

Date: 02-07-25