

F2400000424  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: lynn.dejaco@erlanger.org

FOREIGN PROFIT/NONPROFIT CORPORATION  
ERLANGER HEALTH INC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

RECEIVED

2024 JAN 25 PM 1:52  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

JAN 25 AM 11:11



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. Erlanger 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. Tennessee 3. 88-3616696
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/16/2022 5.
(Date of Incorporation) (Date of duration, if other than perpetual)

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

7. 975 E 3RD ST, CHATTANOOGA, TN 37403
(Principal office street address)

(Current mailing address, if different)

8. Health services to include acute care hospitals
(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)

REC. JAN 25 AM 11:11

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.

C T Corporation System
By SEAN L. EMERICK, ASSISTANT SECRETARY
(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: Sheila Boyington

Vice Chairman Address: 975 E 3RD ST

Director CHATTANOOGA, TN 37403

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary  Treasurer

Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: Vicky B. Gregg

Vice Chairman Address: 975 E 3RD ST

Director CHATTANOOGA, TN 37403

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary  Treasurer

Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: Jim L. Coleman, Jr.

Vice Chairman Address: 975 E 3RD ST

Director CHATTANOOGA, TN 37403

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary  Treasurer

Other: CEO  Other: \_\_\_\_\_

Chairman Name: Lynn S. DeJaco

Vice Chairman Address: 975 E 3RD ST

Director CHATTANOOGA, TN 37403

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary  Treasurer

Other: CFO  Other: \_\_\_\_\_

Chairman Name: Jeffrey N. Woodard

Vice Chairman Address: 975 E 3RD ST

Director CHATTANOOGA, TN 37403

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary  Treasurer

Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: \_\_\_\_\_

Vice Chairman Address: \_\_\_\_\_

Director \_\_\_\_\_

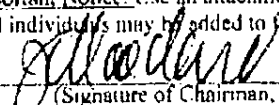
President \_\_\_\_\_

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.   
 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Jeffrey N. Woodard, Secretary  
 (Typed or printed name and capacity of person signing application)



**Tre Hargett**  
Secretary of State

**Division of Business Services**  
**Department of State**  
State of Tennessee  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

WOLTERS SYSTEM  
WOLTERS SYSTEM  
600 SOUTH STREET  
SPRINGFIELD, IL 62704

January 24, 2024

Request Type: Certificate of Existence/Authorization  
Request #: 0565718

Issuance Date: 01/24/2024  
Copies Requested: 1

Document Receipt

Receipt #: 008609582

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3866321741

\$20.00

Regarding: Erlanger Health

Filing Type: Nonprofit Corporation - Domestic

Control #: 1324813

Formation/Qualification Date: 06/16/2022

Date Formed: 06/16/2022

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: HAMILTON COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Erlanger Health

\* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;

\* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

\* has filed the most recent annual report required with this office;

\* has appointed a registered agent and registered office in this State;

\* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett  
Secretary of State

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