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FOREIGN PROFIT/NONPROFIT CORPORATION

Sagamore Health Network Inc.

Certificate of Status	0
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MRS 3/28

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Sagamore Health Network Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Sharon Paulus

(Name of Person)

Sagamore Health Network, Inc.

(Firm/Company)

11555 N. Meridian St.

(Address)

Carmel, IN 46032

(City/State and Zip code)

For further information concerning this matter, please call:

Sharon Paulus

at (317) 580-2290

(Name of Person)

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$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 CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Sagamore Health Network Inc.

(Enter name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. Indiana

(State or country under the law of which it is incorporated)

3. 35-1641636

(FEI number, if applicable)

4. 12-16-86

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 11555 N. Meridian St. Carmel, IN 46032

(Principal office address)

11555 N. Meridian St. Carmel, IN 46032

(Current mailing address)

8. Managed Care Services

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(Zip code)

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.

CT Corporation System

By: Robert S. Lane

(Registered agent's signature)

Robert S. Lane
Assistant Secretary

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. Names and business addresses of officers and/or directors:

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TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: See attached list.

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See attached list.

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Sharon Paulus
(Signature of Director or Officer listed in number 12 of the application)

14. Sharon Paulus Vice President, General Counsel, Corporate Secretary
(Typed or printed name and capacity of person signing application)

**SAGAMORE HEALTH NETWORK
BOARD OF DIRECTORS 2006**

Jay Brehm
Regional CFO
St. Francis Hospital and Health Centers
1800 Albany Street, Administration
Beech Grove, IN 46107

Terry Heck
CFO
Saint Joseph Regional Medical Center, Inc.
4215 Edison Lakes Parkway
Mishawaka, IN 46546

Nancy R. Hellyer
President & CEO
Saint Joseph Regional Medical Center, Inc.
901 East LaSalle Ave.
South Bend, IN 46617

Jim Lipinski
Regional CFO
St. Margaret Marcy Healthcare Center, Inc.
5454 Hohman Ave.
Hammond, IN 46320

Shery Purkeypille
CEO
Select Health Network
401 E. Colfax Ave., Suite 100
South Bend, IN 46617

Jon D. Rahman, M.D.
System VP & Chief Medical Officer
St. Vincent Health
8425 Harcourt Road
Indianapolis, IN 46280

Jenny Westfall
Regional Executive Director
St. Francis Health Network
112 North 17th Ave., Suite 210
Beech Grove, IN 46107

Ian Worden
System VP and CFO
St. Vincent Health
8425 Harcourt Road
Indianapolis, IN 46260

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CT CORP
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Gregory Yust
President & CEO
Sagamore Health Network, Inc.
11555 N. Meridian St.
Carmel, IN 46032

SAGAMORE HEALTH NETWORK
Executives 2006

Gregory Yust
President & CEO
Sagamore Health Network, Inc.
11555 N. Meridian St.
Carmel, IN 46032

Jon Anderson
Vice President, Network Contracting and Development
Sagamore Health Network, Inc.
11555 N. Meridian St.
Carmel, IN 46032

Sharon Paulus
Vice President, General Counsel, Corporate Secretary
Sagamore Health Network, Inc.
11555 N. Meridian St.
Carmel, IN 46032

Doug Pearson
Vice President, MIS
Sagamore Health Network, Inc.
11555 N. Meridian St.
Carmel, IN 46032

Michael Shirley, M.D.
Medical Director
Sagamore Health Network, Inc.
11555 N. Meridian St.
Carmel, IN 46032

Kris Weber
Vice President, Operations
Sagamore Health Network, Inc.
11555 N. Meridian St.
Carmel, IN 46032

Kelly Witt
Vice President, Marketing
Sagamore Health Network, Inc.
11555 N. Meridian St.
Carmel, IN 46032

STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To Whom These Presents Come, Greetings:

I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

SAGAMORE HEALTH NETWORK INC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on December 16, 1986, and was in existence or authorized to transact business in the State of Indiana on March 24, 2006.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Twenty-Fourth Day of March, 2006.

TODD ROKITA, Secretary of State