

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001967

Entity Name: SAGAMORE HEALTH NETWORK INC.

Current Principal Place of Business:

11595 N. MERIDIAN STREET, SUITE 600
CARMEL, IN 46032

Current Mailing Address:

11595 N. MERIDIAN STREET, SUITE 600
CARMEL, IN 46032 US

FEI Number: 35-1641636

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 BENEDICT, AMIE L.
Address 11595 N. MERIDIAN STREET, SUITE
 600
City-State-Zip: CARMEL IN 46032

Title SECRETARY
Name KRISHTUL, ANNA
Address 11595 N. MERIDIAN STREET, SUITE
 600
City-State-Zip: CARMEL IN 46032

Title VP, TREASURER
Name LAMBERT, SCOTT R.
Address 11595 N. MERIDIAN STREET, SUITE
 600
City-State-Zip: CARMEL IN 46032

Title DIRECTOR
Name PHILLIPS, MICHAEL J.
Address 11595 N. MERIDIAN STREET, SUITE
 600
City-State-Zip: CARMEL IN 46032

Title DIRECTOR
Name GOLIAS, THOMAS G.
Address 11595 N. MERIDIAN STREET, SUITE
 600
City-State-Zip: CARMEL IN 46032

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANNA KRISHTUL

SECRETARY

04/16/2015

Electronic Signature of Signing Officer/Director Detail

Date