#### **2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000001967

**Entity Name: SAGAMORE HEALTH NETWORK INC.** 

**FILED** Apr 04, 2022 **Secretary of State** 4204748337CC

### **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 :

600

600

Title DIRECTOR, PRESIDENT Title VICE PRESIDENT SHERRY, WENDY Name Name CROMPTON, MICHAEL

Address 11595 N. MERIDIAN STREET, SUITE Address 11595 N. MERIDIAN STREET, SUITE

City-State-Zip: CARMEL IN 46032 City-State-Zip: CARMEL IN 46032

Title VICE PRESIDENT Title VICE PRESIDENT Name FLEMING, MARK Name HART, JOANNE

Address 11595 N. MERIDIAN STREET, SUITE Address 11595 N. MERIDIAN STREET, SUITE

600

City-State-Zip: City-State-Zip: CARMEL IN 46032 CARMEL IN 46032

Title VICE PRESIDENT Title VICE PRESIDENT Name LAMBERT, SCOTT Name REYNOLDS, DREW

Address 11595 N. MERIDIAN STREET, SUITE Address 11595 N. MERIDIAN STREET, SUITE

City-State-Zip: CARMEL IN 46032 City-State-Zip: CARMEL IN 46032

Title **TREASURER** Title **TREASURER** LAMBERT, SCOTT STADELMAN, JILL

Name Name

Address 11595 N. MERIDIAN STREET, SUITE Address 11595 N. MERIDIAN STREET, SUITE

CARMEL IN 46032 CARMEL IN 46032 City-State-Zip: City-State-Zip:

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.

04/04/2022 SIGNATURE: SCOTT LAMBERT TREASURER, VP

Electronic Signature of Signing Officer/Director Detail

Date