

2023 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

FILED
Feb 27, 2023
Secretary of State
4825840604CC

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 VICE PRESIDENT
Name REYNOLDS, DREW
Address 11595 N. MERIDIAN STREET
SUITE 600
City-State-Zip: CARMEL IN 46032

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

Title PRESIDENT, DIRECTOR
Name SHERRY, WENDY
Address 11595 N. MERIDIAN STREET
SUITE 600
City-State-Zip: CARMEL IN 46032

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

Title VICE PRESIDENT
Name CROMPTON, MICHAEL
Address 11595 N. MERIDIAN STREET
SUITE 600
City-State-Zip: CARMEL IN 46032

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

Title VICE PRESIDENT
Name FLEMING, MARK
Address 11595 N. MERIDIAN STREET
SUITE 600
City-State-Zip: CARMEL IN 46032

Title VICE PRESIDENT
Name HART, JOANNE
Address 11595 N. MERIDIAN STREET
SUITE 600
City-State-Zip: CARMEL IN 46032

Continues on page 2

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: SCOTT LAMBERT

TREASURER

02/27/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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