

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90020 009 ***150.00

DOCUMENT # F06000001967

1. Entity Name
SAGAMORE HEALTH NETWORK INC.



Principal Place of Business
**11555 N MERIDIAN ST
 CARMEL, IN 46032**

Mailing Address
**11555 N MERIDIAN ST
 CARMEL, IN 46032**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

40039342



03072007 Chg-P CR2E034 (12/06)

4. FEI Number
35-1641636

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS PAULUS, SHARON 11555 N MERIDIAN ST CARMEL, IN 46032 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brehm, Jay 1600 Albany St., Administration Beech Grove, IN 46107 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BREHM, JAY 1600 ALBANY STREET BEECH GROVE IN, 46 107 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Clayton, Barbara 3700 Washington Ave. Evansville, IN 47750 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO HECK, TERRY 4215 EDISON LAKES PARKWAY MISHAWAKA, IN 46545 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Heck, Terry 4215 Edison Lakes Parkway Mishawaka, IN 46545 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HELLYER, NANCY R CEO 801 EAST LASALLE AVE SOUTH BEND, IN 46617 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lipinski, James J. 5454 Hohman Ave. Hammond, IN 46320 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO LIPINSKI, JIM 5454 HOHMAN AVE HAMMOND, IN 46320 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Purkeypile, Shery 1915 Lake Ave Plymouth, IN 46563 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO PURKEYPITE, SHERY 401 E COLFAX AVE, SUITE 100 SOUTH BEND, IN 46617 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rahman, Jon D., MD 8425 Harcourt Rd. Indianapolis, IN 46260 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sharon Paulus Sharon Paulus 03-16-07 317-580-2290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40039342
#F0600001967

Sagamore Health Network, Inc. List of Executive Officers & Board of Directors

Title: VP
Name: Jon Anderson
Street Address: 11555 N. Meridian St.
City-ST-ZIP: Carmel, IN 46032

Title: VP/S
Name: Sharon Paulus
Street Address: 11555 N. Meridian St.
City-ST-ZIP: Carmel, IN 46032

Title: VP
Name: Doug Pearson
Street Address: 11555 N. Meridian St.
City-ST-ZIP: Carmel, IN 46032

Title: Medical Director
Name: Michael Shirley
Street Address: 11555 N. Meridian St.
City-ST-ZIP: Carmel, IN 46032

Title: VP
Name: Kris Weber
Street Address: 11555 N. Meridian St.
City-ST-ZIP: Carmel, IN 46032

Title: P/D
Name: Greg Yust
Street Address: 11555 N. Meridian St.
City-ST-ZIP: Carmel, IN 46032

Title: D
Name: Jay R. Brehm
Street Address: 1600 Albany Street, Administration
City-ST-ZIP: Beech Grove, IN 46107

Title: D
Name: Barbara Clayton
Street Address: 3700 Washington Ave.
City-ST-ZIP: Evansville, IN 47750

Title: D
Name: Terry L. Heck
Street Address: 4215 Edison Lakes Parkway
City-ST-ZIP: Mishawaka, IN 46545

Title: D
Name: James J. Lipinski
Street Address: 5454 Hohman Ave.
City-ST-ZIP: Hammond, IN 46320

ATTACHMENT

40039342
F06060001967

Title: D
Name: Shery Purkeypile
Street Address: 1915 Lake Ave.
City-ST-ZIP: Plymouth, IN 46563

Title: D
Name: Jon D. Rahman
Street Address: 8425 Harcourt Rd.
City-ST-ZIP: Indianapolis, IN 46260

Title: D
Name: Jenny Westfall
Street Address: 112 N. 17th Ave., Suite 210
City-ST-ZIP: Beech Grove, IN 46107