

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90199 008 ***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**

60036469



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

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

04012008 Chg-P CR2E034 (12/06)

City & State

4. FEI Number
35-1641636

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 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 STREET BEECH GROVE, IN 46107	<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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIPINSKI, JAMES J 5454 HOHMAN AVE HAMMOND, IN 46320	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PURKEYPITE, SHERY 1915 LAKE AVE. PLYMOUTH, IN 46563	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Sharon Paulus 11555 N. Meridian St. Carmel, IN 46032	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Ronald J. Vance, Jr. 900 Cottage Grove Rd. Hartford, CT 06152	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/AT John P. Frey 1601 Chestnut St. Philadelphia, PA 19192	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Thomas J. Garvey 499 Washington Blvd. Jersey City, NJ 07310	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V David Goldberg 900 Cottage Grove Rd. Hartford, CT 06152	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V Thomas G. Golias 525 W. Monroe, Suite #300 Chicago, IL 60661	<input type="checkbox"/> Change <input checked="" 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 2008 317-580-2290
 Date Daytime Phone #

ATTACHMENT

60036469

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Sagamore Health Network, Inc.
List of Officers and Directors and Business Addresses

Title: D, P
Ronald J. Vance, Jr.
900 Cottage Grove Road Hartford, CT 06152

Title: V, AT
John P. Frey
1601 Chestnut Street Philadelphia, PA 19192

Title: V
Thomas J. Garvey
499 Washington Blvd. Jersey City, NJ 07310

Title: V
David Goldberg
900 Cottage Grove Road Hartford, CT 06152

Title: D, V
Thomas G. Golias
525 West Monroe, Suite #300 Chicago, IL 60661

Title: V, T
Scott R. Lambert
900 Cottage Grove Road Hartford, CT 06152

Title: V, AT
Barry R. McHale
1601 Chestnut Street Philadelphia, PA 19192

Title: V
Jeffery L. Novak
1601 Chestnut Street Philadelphia, PA 19192

Title: V
David M. Porcello
900 Cottage Grove Road Hartford, CT 06152

Title: V, AS
Edward P. Potanka
900 Cottage Grove Road Hartford, CT 06152

Title: D, V
David W. Toomey
6600 Campus Circle Drive East Irving, TX 75063

Title: V
Joseph E. Turgeon, III
900 Cottage Grove Road Hartford, CT 06152

ATTACHMENT

Title: S
Deborah L. Young
1601 Chestnut Street Philadelphia, PA 19192

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Title: AS
Sharon M. Paulus, Assistant Secretary
11555 N. Meridian St. Carmel, IN 46032