

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001967

FILED
Apr 30, 2009
Secretary of State

Entity Name: SAGAMORE HEALTH NETWORK INC.

Current Principal Place of Business:

11595 N MERIDIAN ST STE 600
CARMEL, IN 46032

New Principal Place of Business:

Current Mailing Address:

11595 N MERIDIAN ST STE 600
CARMEL, IN 46032

New Mailing Address:

FEI Number: 35-1641636

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: AS () Delete
Name: PAULUS, SHARON
Address: 11555 N. MERIDIAN STREET
City-St-Zip: CARMEL, IN 46032

Title: D/P () Delete
Name: VANCE, RONALD J JR
Address: 900 COTTAGE GROVE RD.
City-St-Zip: HARTFORD, CT 06152

Title: V/AT () Delete
Name: FREY, JOHN P
Address: 1601 CHESTNUT STREET
City-St-Zip: PHILADELPHIA, PA 19192

Title: V () Delete
Name: GARVEY, THOMAS J
Address: 499 WASHINGTON BLVD.
City-St-Zip: JERSEY CITY, NJ 07310

Title: V () Delete
Name: GOLDBERG, DAVID
Address: 900 COTTAGE GROVE RD.
City-St-Zip: HARTFORD, CT 06152

Title: D/V () Delete
Name: GOLIAS, THOMAS G
Address: 525 W. MONROE, STE. 300
City-St-Zip: CHICAGO, IL 60661

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: AS (X) Change () Addition
Name: PAULUS, SHARON
Address: 11595 N. MERIDIAN STREET
City-St-Zip: CARMEL, IN 46032

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SHARON PAULUS

AS

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date