

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001967

FILED  
Apr 09, 2011  
Secretary of State

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

**Current Principal Place of Business:**

11555 MERIDIAN ST.  
CARMEL, IN 46032

**New Principal Place of Business:**

**Current Mailing Address:**

11555 MERIDIAN ST.  
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

**OFFICERS AND DIRECTORS:**

Title: PDIR  
Name: VANCE, RONALD JOSEPH  
Address: 11555 MERIDIAN ST.  
City-St-Zip: CARMEL, IN 46032

Title: SEC  
Name: MAPP, SHERMONA  
Address: 11555 MERIDIAN ST.  
City-St-Zip: CARMEL, IN 46032

Title: TREA  
Name: LAMBERT, SCOTT RONALD  
Address: 11555 MERIDIAN ST.  
City-St-Zip: CARMEL, IN 46032

Title: VP  
Name: FREY, JOHN PATRICK  
Address: 11555 MERIDIAN ST.  
City-St-Zip: CARMEL, IN 46032

Title: DIR  
Name: COLIAS, THOMAS GEORGE  
Address: 11555 MERIDIAN ST.  
City-St-Zip: CARMEL, IN 46032

Title: DIR  
Name: PODBIELSKI, SUE A  
Address: 11555 MERIDIAN ST.  
City-St-Zip: CARMEL, IN 46032

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: LAURA LOUIS

POA

04/09/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date