

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001967

FILED
Apr 27, 2012
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:

11555 MERIDIAN ST.
CARMEL, IN 46032 US

Current Mailing Address:

11555 MERIDIAN ST.
CARMEL, IN 46032

New Mailing Address:

11555 MERIDIAN ST.
CARMEL, IN 46032 US

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: PD
Name: TERRILL, JEFFREY S PD
Address: 11555 MERIDIAN ST.
City-St-Zip: CARMEL, IN 46032 US

Title: VP
Name: MCHALE, BARRY R VP
Address: 11555 MERIDIAN ST.
City-St-Zip: CARMEL, IN 46032

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

Title: DIR
Name: GOLIAS, THOMAS G DIR
Address: 11555 MERIDIAN ST.
City-St-Zip: CARMEL, IN 46032 US

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

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

04/27/2012

Electronic Signature of Signing Officer or Director

_____ Date