

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000001967

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

**Current Principal Place of Business:**

11595 N MERIDIAN ST  
STE 600  
CARMEL, IN 46032

**FILED**  
**Apr 23, 2013**  
**Secretary of State**  
**CC3413294638**

**Current Mailing Address:**

11595 N MERIDIAN ST  
STE 600  
CARMEL, IN 46032 US

**FEI Number: 35-1641636**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title           DIRECTOR  
Name           GOLIAS, THOMAS G.  
Address       11595 N MERIDIAN ST  
                  STE 600  
City-State-Zip: CARMEL IN 46032

Title           SECRETARY  
Name           MAPP, SHERMONA  
Address       11595 N MERIDIAN ST  
                  STE 600  
City-State-Zip: CARMEL IN 46032

Title           VP, ASSISTANT TREASURER  
Name           MCHALE, BARRY R.  
Address       11595 N MERIDIAN ST  
                  STE 600  
City-State-Zip: CARMEL IN 46032

Title           DIRECTOR  
Name           PODBIELSKI, SUE A.  
Address       11595 N MERIDIAN ST  
                  STE 600  
City-State-Zip: CARMEL IN 46032

Title           PRESIDENT, DIRECTOR  
Name           TERRILL, JEFFREY S.  
Address       11595 N MERIDIAN ST  
                  STE 600  
City-State-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: SHERMONA MAPP**

**SECRETARY**

**04/23/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date