

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000007575

1. Entity Name
ASCENSION-HEALTH - IS, INC.



Principal Place of Business

4600 EDMUNDSON RD
ST. LOUIS, MO 63134

Mailing Address

4600 EDMUNDSON RD
ST. LOUIS, MO 63134

FILED
Sep 18, 2008 08:00 AM
Secretary of State



08192008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1257719

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CHRV
NAME	COREIL, BERNICE SISTER
STREET ADDRESS	4600 EDMUNDSON RD
CITY-ST-ZIP	ST. LOUIS, MO 63134
TITLE	PD
NAME	BROWNE, SHERRY L
STREET ADDRESS	4600 EDMUNDSON RD
CITY-ST-ZIP	ST. LOUIS, MO 63134
TITLE	STD
NAME	HENKEL, ROBERT J
STREET ADDRESS	4600 EDMUNDSON ROAD
CITY-ST-ZIP	SAINT LOUIS, MO 63104
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000959819
09/18/08-80001-006 61.25

**DO NOT WRITE
IN THIS SPACE**

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 617, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #