

**2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000007575

**Entity Name:** ASCENSION-HEALTH - IS, INC.**Current Principal Place of Business:**4600 EDMUNDSON ROAD  
ST. LOUIS, MO 63134**Current Mailing Address:**4600 EDMUNDSON ROAD  
ST. LOUIS, MO 63134 US**FEI Number:** 65-1257719**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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	PRESIDENT
Name	CONRADO, EDUARDO
Address	4600 EDMUNDSON ROAD
City-State-Zip:	ST. LOUIS MO 63134

Title	SECRETARY, DIRECTOR
Name	MIHM, JENNA
Address	4600 EDMUNDSON ROAD
City-State-Zip:	ST. LOUIS MO 63134

Title	DIRECTOR, CHAIR
Name	MCCOY, CHRISTINE K.
Address	4600 EDMUNDSON ROAD
City-State-Zip:	ST. LOUIS MO 63134

Title	TREASURER, DIRECTOR
Name	JAGGER, MATTHEW
Address	102 WOODMONT BLVD SUITE 600
City-State-Zip:	NASHVILLE TX 37205

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JENNA MIHM**SECRETARY****04/18/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date