

**2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000007575

**Entity Name:** ASCENSION-HEALTH - IS, INC.**Current Principal Place of Business:**101 SOUTH HANLEY ROAD  
SUITE 450  
ST. LOUIS, MO 63105**Current Mailing Address:**101 SOUTH HANLEY ROAD  
SUITE 450  
ST. LOUIS, MO 63105 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	SECRETARY, TREASURER, DIRECTOR
Name	COREIL, DC, BERNICE SISTER
Address	101 SOUTH HANLEY ROAD SUITE 450
City-State-Zip:	ST. LOUIS MO 63105

Title	PRESIDENT, DIRECTOR
Name	BARNER, MARK D
Address	101 SOUTH HANLEY ROAD SUITE 450
City-State-Zip:	ST. LOUIS MO 63105

Title	CHAIRMAN, DIRECTOR
Name	BARNETT, FACHE, CHARLES J
Address	101 SOUTH HANLEY ROAD SUITE 450
City-State-Zip:	ST. LOUIS MO 63105

*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:** MARK D. BARNER

PRESIDENT/CEO

03/01/2013

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