

**2015 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, BERNICE  
Address 101 SOUTH HANLEY ROAD  
SUITE 450  
City-State-Zip: ST. LOUIS MO 63105

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

Title CHAIRMAN, DIRECTOR  
Name HENKEL, ROBERT 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**

**04/23/2015**

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

\_\_\_\_\_  
Date