

2020 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	CEO, PRESIDENT
Name	LEWIS, GERRY X.
Address	4600 EDMUNDSON ROAD SUITE 450
City-State-Zip:	ST. LOUIS MO 63134

Title	CHAIRMAN, DIRECTOR
Name	IMPICCHICHE, JOSEPH R
Address	101 SOUTH HANLEY ROAD SUITE 450
City-State-Zip:	ST. LOUIS MO 63105

Title	SECRETARY, DIRECTOR
Name	MCCOY, CHRISTINE K
Address	101 S. HANLEY ROAD, SUITE 450
City-State-Zip:	ST LOUIS MO 63105

Title	TREASURER, DIRECTOR
Name	JAGGER, MATTHEW
Address	250 W. 96TH ST
City-State-Zip:	INDIANAPOLIS IN 46260

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: CHRISTINE K. MCCOY**SECRETARY****01/27/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date