

2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 24, 2023
Secretary of State
3535578205CC

Entity Name: INDIANA UNIVERSITY HEALTH BALL MEMORIAL PHYSICIANS, INC.

Current Principal Place of Business:

2401 WEST UNIVERSITY AVENUE
MUNCIE , IN 47303

Current Mailing Address:

2401 WEST UNIVERSITY AVENUE
MUNCIE , IN 47303 US

FEI Number: 35-1925641

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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 DIRECTOR
Name FISHER, MICHAEL, JUD
Address 2401 WEST UNIVERSITY AVENUE
City-State-Zip: MUNCIE IN 47303

Title DIRECTOR
Name HEETER, DAVID W.
Address 2401 WEST UNIVERSITY AVENUE
City-State-Zip: MUNCIE IN 47303

Title DIRECTOR
Name JOHNSTON , RYAN M. M.D
Address 2401 WEST UNIVERSITY AVENUE
City-State-Zip: MUNCIE IN 47303

Title SECRETARY
Name PENCE,, RPH, MBA, TERRY A.
Address 2401 WEST UNIVERSITY AVENUE
City-State-Zip: MUNCIE IN 47303

Title TREASURER
Name VANATOR , JON
Address 2401 WEST UNIVERSITY AVENUE
City-State-Zip: MUNCIE IN 47303

Title PRESIDENT
Name VOSS, PETER M. M.D.,
Address 2401 WEST UNIVERSITY AVENUE
City-State-Zip: MUNCIE IN 47303

Title DIRECTOR
Name LUTHER, , LORI A.
Address 2401 WEST UNIVERSITY AVENUE
City-State-Zip: MUNCIE IN 47303

Title DIRECTOR
Name ROUTH, CHARLES R. M.D
Address 2401 WEST UNIVERSITY AVENUE
City-State-Zip: MUNCIE IN 47303

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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: ALTOBELLA , MICHELLE , JD

ASSISTANT SECRETARY 02/24/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name STEWART, PAUL M.D.
Address 2401 WEST UNIVERSITY AVENUE
City-State-Zip: MUNCIE IN 47303

Title DIRECTOR
Name VOSS, PETER M. M.D.
Address 2401 WEST UNIVERSITY AVENUE
City-State-Zip: MUNCIE IN 47303

Title ASSISTANT SECRETARY
Name ALTOBELLA, MICHELLE JD,
Address 2401 WEST UNIVERSITY AVENUE
City-State-Zip: MUNCIE IN 47303