

**2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F20000001922

**FILED**  
**Mar 31, 2022**  
**Secretary of State**  
**7040024781CC**

**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: JD, MICHELLE ALTOBELLA

ASSISTANT SECRETARY 03/31/2022

\_\_\_\_\_  
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