

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000001967

**Entity Name:** SAGAMORE HEALTH NETWORK INC.

**Current Principal Place of Business:**

11595 N. MERIDIAN STREET  
SUITE 600  
CARMEL, IN 46032

**FILED**  
**Apr 28, 2024**  
**Secretary of State**  
**5790414822CC**

**Current Mailing Address:**

11595 N. MERIDIAN STREET  
SUITE 600  
CARMEL, IN 46032 US

**FEI Number: 35-1641636**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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, PRESIDENT  
Name LECUYER ZALEWSKI, DIANE  
Address 11595 N. MERIDIAN STREET  
SUITE 600  
City-State-Zip: CARMEL IN 46032

Title VP  
Name CROMPTON, MICHAEL  
Address 11595 N. MERIDIAN STREET  
SUITE 600  
City-State-Zip: CARMEL IN 46032

Title VP, ASST. TREASURER  
Name FLEMING, MARK  
Address 11595 N. MERIDIAN STREET  
SUITE 600  
City-State-Zip: CARMEL IN 46032

Title VP, ASST. TREASURER  
Name HART, JOANNE  
Address 11595 N. MERIDIAN STREET  
SUITE 600  
City-State-Zip: CARMEL IN 46032

Title VP, TREASURER  
Name LAMBERT, SCOTT  
Address 11595 N. MERIDIAN STREET  
SUITE 600  
City-State-Zip: CARMEL IN 46032

Title SECRETARY  
Name MORROW, ALICIA  
Address 11595 N. MERIDIAN STREET  
SUITE 600  
City-State-Zip: CARMEL IN 46032

Title ASST. SECRETARY  
Name CELMER, SUSAN  
Address 11595 N. MERIDIAN STREET  
SUITE 600  
City-State-Zip: CARMEL IN 46032

Title ASST. SECRETARY  
Name EASTERLING, PAULA  
Address 11595 N. MERIDIAN STREET  
SUITE 600  
City-State-Zip: CARMEL IN 46032

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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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ALICIA MORROW**

**SECRETARY**

**04/28/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASST. SECRETARY  
Name MAPP-AKOTIA, SHERMONA  
Address 11595 N. MERIDIAN STREET  
SUITE 600  
City-State-Zip: CARMEL IN 46032

Title ASST. SECRETARY  
Name OLEKSAK, KEVIN  
Address 11595 N. MERIDIAN STREET  
SUITE 600  
City-State-Zip: CARMEL IN 46032

Title ASST. SECRETARY  
Name SCHMEHL, SANDRA J.  
Address 11595 N. MERIDIAN STREET  
SUITE 600  
City-State-Zip: CARMEL IN 46032

Title ASST. SECRETARY  
Name TORRES, ERIKA  
Address 11595 N. MERIDIAN STREET  
SUITE 600  
City-State-Zip: CARMEL IN 46032

Title ASST. SECRETARY  
Name METROW, SUSAN  
Address 11595 N. MERIDIAN STREET  
SUITE 600  
City-State-Zip: CARMEL IN 46032

Title ASST. SECRETARY  
Name PAULUS, SHARON  
Address 11595 N. MERIDIAN STREET  
SUITE 600  
City-State-Zip: CARMEL IN 46032

Title ASST. SECRETARY  
Name STADELMAN, JILL  
Address 11595 N. MERIDIAN STREET  
SUITE 600  
City-State-Zip: CARMEL IN 46032

Title ASST. SECRETARY  
Name TULLOCH, KIMBERLY  
Address 11595 N. MERIDIAN STREET  
SUITE 600  
City-State-Zip: CARMEL IN 46032