


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000007575

1. Entity Name
 ASCENSION-HEALTH - IS, INC.



Principal Place of Business Mailing Address

4600 EDMUNDSON RD 4600 EDMUNDSON RD
 ST. LOUIS, MO 63134 ST. LOUIS, MO 63134

DO NOT WRITE IN THIS SPACE



02282006 No Chg-NP CR2E037 (11/05)

4. FEI Number Applied For
 65-1257719 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHRV COREIL, BERNICE SISTER 4600 EDMUNDSON RD ST. LOUIS, MO 63134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWNE, SHERRY L 4600 EDMUNDSON RD ST. LOUIS, MO 63134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ARBUCKLE, KATHERINE 4600 EDMUNDSON RD ST. LOUIS, MO 63134
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Katherine Arbuckle* Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR