2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000007575

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

FILED
Sep 18, 2008 08:00 AM
Secretary of State

Principal Place of Business
4600 EDMUNDSON RD
ST. LOUIS, MO 63134

Mailing Address
4600 EDMUNDSON RD
ST. LOUIS, MO 63134

08192008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
65-1257719
☐ Applied For
☐ 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 12, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	CHRV
NAME	COREIL, BERNICE SISTER
STREET ADDRESS	4600 EDMUNDSON RD
CITY-ST-ZIP	ST. LOUIS, MO 63134
TITLE	PD
NAME	BROWNE, SHERRY L
STREET ADDRESS	4600 EDMUNDSON RD
CITY-ST-ZIP	ST. LOUIS, MO 63134
TITLE	STD
NAME	HENKEL, ROBERT J
STREET ADDRESS	4600 EDMUNDSON ROAD
CITY-ST-ZIP	SAINT LOUIS, MO 63104
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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09/18/08-80001-006 61.25

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #