

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001015

FILED
Jan 09, 2007
Secretary of State

Entity Name: SSM HEALTH CARE CORPORATION

Current Principal Place of Business:

477 NORTH LINDBERGH BOULEVARD
ST. LOUIS, MO 63141

New Principal Place of Business:

Current Mailing Address:

477 NORTH LINDBERGH BOULEVARD
ST. LOUIS, MO 63141

New Mailing Address:

FEI Number: 46-6029223

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: MOTZEL, JACQUELINE
Address: 1100 BELLEVUE
City-St-Zip: ST. LOUIS, MO 63117

Title: D () Delete
Name: KLENKE, JOANNE
Address: 1100 BELLEVUE
City-St-Zip: ST. LOUIS, MO 63117

Title: PD () Delete
Name: RYAN, MARY J
Address: 477 NORTH LINDBERGH BOULEVARD
City-St-Zip: ST. LOUIS, MO 63141

Title: D () Delete
Name: BELL, JUDITH
Address: 1100 BELLEVUE
City-St-Zip: ST. LOUIS, MO 63117

Title: D () Delete
Name: COLEMAN, SHERRI
Address: 1100 BELLEVUE
City-St-Zip: ST. LOUIS, MO 63117

Title: V () Delete
Name: SCHOENHARD, WILLIAM C
Address: 477 NORTH LINDBERGH BOULEVARD
City-St-Zip: ST. LOUIS, MO 63141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: PICKETT, JUNE L
Address: 477 NORTH LINDBERGH BOULEVARD
City-St-Zip: ST. LOUIS, MO 63141

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JUNE L. PICKETT

S

01/09/2007

Electronic Signature of Signing Officer or Director

Date