

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000004499

FILED
Mar 24, 2010
Secretary of State

Entity Name: SSM HEALTH BUSINESSES INC.

Current Principal Place of Business:

477 NORTH LINDBERGH BLVD
ST LOUIS, MO 63141

New Principal Place of Business:

Current Mailing Address:

477 NORTH LINDBERGH BLVD
ST LOUIS, MO 63141

New Mailing Address:

FEI Number: 43-1333488

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: D
Name: RYAN, MARY J
Address: 477 NORTH LINDBERGH BLVD
City-St-Zip: ST LOUIS, MO 63141

Title: D
Name: BARNEY, STEVEN M
Address: 477 NORTH LINDBERGH BLVD
City-St-Zip: ST LOUIS, MO 63141

Title: PVD
Name: THOMPSON, WILLIAM P
Address: 477 NORTH LINDBERGH BLVD
City-St-Zip: ST LOUIS, MO 63141

Title: S
Name: PICKETT, JUNE L
Address: 477 NORTH LINDBERGH BLVD
City-St-Zip: ST LOUIS, MO 63141

Title: TASD
Name: ZIMMER, KRIS A
Address: 477 NORTH LINDBERGH BLVD
City-St-Zip: ST LOUIS, MO 63141

Title: D
Name: LANGSTON, THOMAS K
Address: 477 NORTH LINDBERGH BLVD
City-St-Zip: ST LOUIS, MO 63141

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: JUNE L PICKETT

S

03/24/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date