

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000003405

FILED
Mar 20, 2012
Secretary of State

Entity Name: ASCENSION HEALTH RISK PURCHASING GROUP, INC.

Current Principal Place of Business:

4600 EDMUNDSON ROAD
ST LOUIS, MO 63134

New Principal Place of Business:

Current Mailing Address:

4600 EDMUNDSON ROAD
ST LOUIS, MO 63134

New Mailing Address:

FEI Number: 27-4176480

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: PCD
Name: BECKMANN, JAMES K JR.
Address: 4600 EDMUNDSON ROAD
City-St-Zip: ST LOUIS, MO 63134

Title: VCD
Name: HENKEL, ROBERT J
Address: 4600 EDMUNDSON ROAD
City-St-Zip: ST LOUIS, MO 63134

Title: SD
Name: MCCOY, CHRISTINE K
Address: 4600 EDMUNDSON ROAD
City-St-Zip: ST LOUIS, MO 63134

Title: TD
Name: SPERANZO, ANTHONY J
Address: 4600 EDMUNDSON ROAD
City-St-Zip: ST LOUIS, MO 63134

Title: D
Name: MCGRAW, STEVEN
Address: 4600 EDMUNDSON ROAD
City-St-Zip: ST LOUIS, MO 63134

Title: D
Name: MINNICK, STEVEN
Address: 4600 EDMUNDSON ROAD
City-St-Zip: ST LOUIS, MO 63134

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: CHRISTINE K. MCCOY

SD

03/20/2012

Electronic Signature of Signing Officer or Director

Date