2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000004904

Entity Name: SHARECARE HEALTH DATA SERVICES, LLC

Current Principal Place of Business:

255 E. PACES FERRY ROAD
SUITE 700
ATLANTA, GA 30305

Current Mailing Address:

255 E. PACES FERRY ROAD
SUITE 700
ATLANTA, GA 30305 US

FEI Number: NOT APPLICABLE

FILED
May 21, 2020
Secretary of State
5996047308CC

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Authorized Person(s) Detail :

Title	PRESIDENT	Title	ASST. SECRETARY
Name	BAILEY, JIM	Name	THOMAS, DARRELL
Address	8344 CLAIREMONT MESA BLVD. SUITE 201	Address	255 E. PACES FERRY RD SUITE 700
City-State-Zip:	SAN DIEGO CA 92111	City-State-Zip:	ATLANTA GA 30305
Title	SVP, FINANCE	Title	MANAGER
Name	DANIEL, COLIN	Name	SHARECARE, INC.
Address	255 EAST PACES FERRY ROAD SUITE 700	Address	255 E. PACES FERRY ROAD SUITE 700
City-State-Zip:	ATLANTA GA 30305	City-State-Zip:	ATLANTA GA 30305
Title	VP, FINANCE		
Name	EWERS, MIKE		
Address	255 E. PACES FERRY RD SUITE 700		
City-State-Zip:	ATLANTA GA 30305		

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: COLIN DANIEL SVP, FINANCE 05/21/2020

Electronic Signature of Signing Authorized Person(s) Detail — Date