

**2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000001283

**Entity Name:** SLING HEALTH INC.**Current Principal Place of Business:**20 S. SARAH STREET  
ST. LOUIS, MO 63108**Current Mailing Address:**20 S. SARAH STREET  
ST. LOUIS, MO 63108 US**FEI Number:** 46-5658453**Certificate of Status Desired:** Yes**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**Officer/Director Detail :**

Title	D/P
Name	LINDERMAN, STEPHEN W
Address	20 S. SARAH STREET
City-State-Zip:	ST. LOUIS MO 63108

Title	D/VP
Name	LALEZARI, RAMIN
Address	20 S. SARAH STREET
City-State-Zip:	ST. LOUIS MO 63108

Title	D
Name	MONDA, STEVEN M
Address	20 S. SARAH STREET
City-State-Zip:	ST. LOUIS MO 63108

Title	D/MANAGING OFFICER/S/T
Name	MORRISON, ALEXANDER H
Address	20 S. SARAH STREET
City-State-Zip:	ST. LOUIS MO 63108

*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:** STEPHEN W. LINDERMAN**PRESIDENT****04/15/2019**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date