2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000001283

Entity Name: SLING HEALTH INC.

Current Principal Place of Business:

4240 DUNCAN AVENUE SUITE 200

ST. LOUIS, MO 63110

Current Mailing Address:

4240 DUNCAN AVENUE

SUITE 200

ST. LOUIS, MO 63110 US

FEI Number: 46-5658453 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

FILED Mar 02, 2020

Secretary of State

8742527696CC

Officer/Director Detail:

DIRECTOR AND CHAIRMAN OF THE Title

BOARD

Name LINDERMAN, STEPHEN W

Address 4240 DUNCAN AVENUE

SUITE 200

City-State-Zip: ST. LOUIS MO 63110

Title D

SOM. AVIK M Name

4240 DUNCAN AVENUE Address

SUITE 200

ST. LOUIS MO 63110 City-State-Zip:

Title **PRESIDENT**

RUSSO, MARIO V. Name

Address 4240 DUNCAN AVENUE

SUITE 200

City-State-Zip: ST. LOUIS MO 63110 Title DIRECTOR

Name JAVAHERIAN, KAVON

Address 4240 DUNCAN AVENUE

SUITE 200

ST. LOUIS MO 63110 City-State-Zip:

Title DIRECTOR, VP

MORRISON, ALEXANDER H Name

4240 DUNCAN AVENUE Address

SUITE 200

City-State-Zip: ST. LOUIS MO 63110

Title MANAGING OFFICER, SECRETARY,

TREASURER

SHAH, AADIT P. Name

Address

4240 DUNCAN AVENUE SUITE 200

City-State-Zip: ST. LOUIS MO 63110

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

CHAIRMAN OF THE **BOARD**

03/02/2020