

2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F21000000755

Entity Name: COPA HEALTH, INC.**Current Principal Place of Business:**924 N COUNTRY CLUB DR
MESA, AZ 85201**Current Mailing Address:**924 N COUNTRY CLUB DR
MESA, AZ 85201 US**FEI Number:** 84-4608444**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:** DAVID WESTCOTT, ASSISTANT SECRETARY

04/09/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT/CEO
Name NAJAFI-PIPER, SHAR PHD
Address 924 N COUNTRY CLUB DR
City-State-Zip: MESA AZ 85201

Title TREASURER/CFO
Name QUINTANA, MARTIN
Address 924 N COUNTRY CLUB DR
City-State-Zip: MESA AZ 85201

Title SECRETARY
Name ELLIOTT, DEBORAH
Address 924 N COUNTRY CLUB DR
City-State-Zip: MESA AZ 85201

Title CHAIRMAN OF THE BOARD
Name FOWLS, DON J. MD
Address 924 N COUNTRY CLUB DR
City-State-Zip: MESA AZ 85201

Title VP
Name BUNN, WENDY
Address 924 N COUNTRY CLUB DR
City-State-Zip: MESA AZ 85201

Title DIRECTOR
Name BARTON, ABRAHAM
Address 924 N COUNTRY CLUB DR
City-State-Zip: MESA AZ 85201

Title DIRECTOR
Name KOTSUR, BRIAN L.
Address 924 N COUNTRY CLUB DR
City-State-Zip: MESA AZ 85201

Title DIRECTOR
Name BARNES, PAUL
Address 924 N COUNTRY CLUB DR
City-State-Zip: MESA AZ 85201

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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: MARTIN QUINTANA

TREASURER/CFO

04/09/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SCHNECK, CHRIS
Address 924 N COUNTRY CLUB DR
City-State-Zip: MESA AZ 85201

Title DIRECTOR
Name DAY, DAVID M.
Address 924 N COUNTRY CLUB DR
City-State-Zip: MESA AZ 85201

Title DIRECTOR
Name WILLIAMS, HOLLY
Address 924 N COUNTRY CLUB DR
City-State-Zip: MESA AZ 85201

Title DIRECTOR
Name CARDON, WILFORD A.
Address 924 N COUNTRY CLUB DR
City-State-Zip: MESA AZ 85201

Title DIRECTOR
Name CARDON, CRAIG A.
Address 924 N COUNTRY CLUB DR
City-State-Zip: MESA AZ 85201

Title DIRECTOR
Name ELLIOTT, DEBORAH
Address 924 N COUNTRY CLUB DR
City-State-Zip: MESA AZ 85201

Title DIRECTOR
Name WILLIAMS, JOHN SCOTT
Address 924 N COUNTRY CLUB DR
City-State-Zip: MESA AZ 85201

Title DIRECTOR
Name FOWLS, DON J. MD
Address 924 N COUNTRY CLUB DR
City-State-Zip: MESA AZ 85201