

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000000241

**Entity Name:** MYRIAD WOMEN'S HEALTH, INC.**Current Principal Place of Business:**180 KIMBALL WAY  
SAN FRANCISCO, CA 94080**Current Mailing Address:**180 KIMBALL WAY  
SAN FRANCISCO, CA 94080 US**FEI Number:** 74-3238060**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**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT  
Name LAMBERT, NICOLE  
Address 180 KIMBALL WAY  
City-State-Zip: SAN FRANCISCO CA 94080

Title DIRECTOR  
Name DIAZ, PAUL J  
Address 180 KIMBALL WAY  
City-State-Zip: SAN FRANCISCO CA 94080

Title TREASURER, DIRECTOR, CFO  
Name RIGGSBEE, R. BRYAN  
Address 180 KIMBALL WAY  
City-State-Zip: SAN FRANCISCO CA 94080

Title ASSISTANT SECRETARY  
Name HUNTER, JUSTIN  
Address 180 KIMBALL WAY  
City-State-Zip: SAN FRANCISCO CA 94080

Title SECRETARY  
Name WONG, PAMELA  
Address 180 KIMBALL WAY  
City-State-Zip: SAN FRANCISCO CA 94080

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JUSTIN HUNTER**ASSISTANT SECRETARY 02/24/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date