

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000003798

Entity Name: ROCHE HEALTH SOLUTIONS INC.**Current Principal Place of Business:**9115 HAGUE ROAD
INDIANAPOLIS, IN 46250**Current Mailing Address:**9115 HAGUE ROAD
ATTENTION: TAX DEPT
INDIANAPOLIS, IN 46256 US**FEI Number:** 41-1694999**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	ASST. SECRETARY
Name	KIRBERGER, MARCELA A
Address	9115 HAGUE RD
City-State-Zip:	INDIANAPOLIS IN 46250

Title	TREASURER
Name	WILSON, SCOTT
Address	9115 HAGUE RD
City-State-Zip:	INDIANAPOLIS IN 46250

Title	SECRETARY
Name	MCCAULEY, CLARICE K.
Address	9115 HAGUE ROAD
City-State-Zip:	INDIANAPOLIS IN 46250

Title	DIRECTOR
Name	WONG, VINCE
Address	9115 HAGUE ROAD
City-State-Zip:	INDIANAPOLIS IN 46250

Title	DIRECTOR
Name	KIRBERGER, MARCELA A.
Address	9115 HAGUE ROAD
City-State-Zip:	INDIANAPOLIS IN 46250

Title	VP
Name	MEINECKE, STACY
Address	9115 HAGUE
City-State-Zip:	INDIANAPOLIS IN 46250

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: SCOTT WILSON**TREASURER****03/12/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date