

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000004101

Entity Name: EXPERIAN HEALTH, INC.**Current Principal Place of Business:**475 ANTON BLVD.
COSTA MESA, CA 92626**Current Mailing Address:**475 ANTON BLVD.
COSTA MESA, CA 92626**FEI Number:** 62-1741830**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT 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	VP
Name	KNOWLTON, ROBERT
Address	475 ANTON BLVD
City-State-Zip:	COSTA MESA CA 92626

Title	CHAIRMAN, PRESIDENT
Name	SCHULZ, JENNIFER
Address	475 ANTON BLVD.
City-State-Zip:	COSTA MESA CA 92626

Title	TREASURER, DIRECTOR
Name	SHOTTS, JEFF
Address	475 ANTON BLVD.
City-State-Zip:	COSTA MESA CA 92626

Title	SECRETARY
Name	LE, TOM
Address	475 ANTON BLVD
City-State-Zip:	COSTA MESA CA 92626

Title	DIRECTOR
Name	GIBSON, DARRYL
Address	475 ANTON BLVD.
City-State-Zip:	COSTA MESA CA 92626

Title	ASST. TREASURER
Name	DAMAVANDI, MARYAM
Address	475 ANTON BLVD.
City-State-Zip:	COSTA MESA CA 92626

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: MARYAM DAMAVANDI**ASSISTANT TREASURER** 04/26/2024_____
Electronic Signature of Signing Officer/Director Detail_____
Date