

**2023 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 SECRETARY  
Name LE, TOM  
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 DIRECTOR  
Name GIBSON, DARRYL  
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 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** 04/21/2023

Electronic Signature of Signing Officer/Director Detail

Date