

2016 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 PRESIDENT/DIRECTOR
Name BAGWELL, SCOTT
Address 475 ANTON BLVD
City-State-Zip: COSTA MESA CA 92626

Title TREASURER
Name HERB, BRIAN
Address 475 ANTON BLVD.
City-State-Zip: COSTA MESA CA 92626

Title VP
Name KNOWLTON, ROBERT
Address 475 ANTON BLVD
City-State-Zip: COSTA MESA CA 92626

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

Title ASST. SECRETARY
Name HARWOOD, CRISTA
Address 475 ANTON BLVD
City-State-Zip: COSTA MESA CA 92626

Title DIRECTOR
Name BOUNDY, CRAIG
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: BRIAN HERB

TREASURER

03/28/2016

Electronic Signature of Signing Officer/Director Detail

Date