

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000003905

Entity Name: WEST HEALTH ADVOCATE SOLUTIONS, INC.**Current Principal Place of Business:**11808 MIRACLE HILLS DRIVE
OMAHA, NE 68154**Current Mailing Address:**11808 MIRACLE HILLS DRIVE
OMAHA, NE 68154 US**FEI Number:** 23-3080019**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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, CFO
Name DISMAN, NANCY
Address 11808 MIRACLE HILLS DRIVE
City-State-Zip: OMAHA NE 68154

Title SECRETARY
Name BRUCULERRI, LOUIS
Address 11808 MIRACLE HILLS DRIVE
City-State-Zip: OMAHA NE 68154

Title TREASURER
Name WIKOFF, CHRISTOPHER
Address 11808 MIRACLE HILLS DRIVE
City-State-Zip: OMAHA NE 68154

Title PRESIDENT
Name YOST, H. MATTHEW
Address 11808 MIRACLE HILLS DRIVE
City-State-Zip: OMAHA NE 68154

Title CEO
Name SHLONSKY, JOHN
Address 11808 MIRACLE HILLS DRIVE
City-State-Zip: OMAHA NE 68154

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: CHRISTOPHER WIKOFF**TREASURER****01/23/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date