

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000003905

Entity Name: WEST HEALTH ADVOCATE SOLUTIONS, INC.**Current Principal Place of Business:**11808 MIRACLE HILLS DR
OMAHA, NE 68154**Current Mailing Address:**11808 MIRACLE HILLS DR
OMAHA, NE 68154**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 CFO
Name MADSEN, JAN D
Address 11808 MIRACLE HILLS DR
City-State-Zip: OMAHA NE 68154

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

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

Title DIRECTOR
Name WECHSLER, ROBERT
Address 11808 MIRACLE HILLS DR
City-State-Zip: OMAHA NE 68154

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

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

Title DIRECTOR
Name DISMAN, NANCY
Address 11808 MIRACLE HILLS DR
City-State-Zip: OMAHA NE 68154

Title COO
Name KEMPKE, RODNEY J.
Address 11808 MIRACLE HILLS DR
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: JAN DUTTON MADSEN

CFO

04/24/2018

Electronic Signature of Signing Officer/Director Detail_____
Date