

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000003905

Entity Name: HEALTH ADVOCATE SOLUTIONS, INC.**Current Principal Place of Business:**3043 WALTON ROAD
PLYMOUTH MEETING, PA 19462**Current Mailing Address:**3043 WALTON ROAD
PLYMOUTH MEETING, PA 19462 US**FEI Number:** 23-3080019**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 DIRECTOR
Name RIGAUDY, OLIVIER
Address 3043 WALTON ROAD
City-State-Zip: PLYMOUTH MEETING PA 19462

Title DIRECTOR
Name CAVALIERE, TURIE A.
Address 3043 WALTON ROAD
City-State-Zip: PLYMOUTH MEETING PA 19462

Title DIRECTOR
Name YOST, MATTHEW
Address 3043 WALTON ROAD
City-State-Zip: PLYMOUTH MEETING PA 19462

Title SECRETARY
Name RYAN, LEIGH P.
Address 3043 WALTON ROAD
City-State-Zip: PLYMOUTH MEETING PA 19462

Title DIRECTOR
Name KLEIN, SCOTT W.
Address 3043 WALTON ROAD
City-State-Zip: PLYMOUTH MEETING PA 19462

Title DIRECTOR, SECRETARY
Name RYAN, LEIGH P.
Address 3043 WALTON ROAD
City-State-Zip: PLYMOUTH MEETING PA 19462

Title CHAIRMAN OF THE BOARD
Name KLEIN, SCOTT W.
Address 3043 WALTON ROAD
City-State-Zip: PLYMOUTH MEETING PA 19462

Title CFO
Name WALTER, ADAM
Address 3043 WALTON ROAD
City-State-Zip: PLYMOUTH MEETING PA 19462

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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: ADAM WALTER**CFO****02/27/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TREASURER, DIRECTOR
Name CAVALIERE, TURIE A.
Address 3043 WALTON ROAD
City-State-Zip: PLYMOUTH MEETING PA 19462

Title PRESIDENT/CEO, DIRECTOR
Name YOST, MATTHEW
Address 3043 WALTON ROAD
City-State-Zip: PLYMOUTH MEETING PA 19462