

**2022 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 KLEIN, SCOTT W.  
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 RYAN, LEIGH P.  
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 CHAIRMAN OF THE BOARD  
Name KLEIN, SCOTT W.  
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 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**

**03/29/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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