

2021 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, DIRECTOR
Name BRUCULERRI, LOUIS
Address 11808 MIRACLE HILLS DRIVE
City-State-Zip: OMAHA NE 68154

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

Title CO-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

Title CO-PRESIDENT
Name CORNEIRO, EDWIN
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 D. WIKOFF

TREASURER

04/18/2021

Electronic Signature of Signing Officer/Director Detail

Date