

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000005168

**Entity Name:** COLOR HEALTH, INC.

**Current Principal Place of Business:**

831 MITTEN ROAD  
STE 100  
BURLINGAME, CA 94010

**Current Mailing Address:**

831 MITTEN ROAD  
STE 100  
BURLINGAME, CA 94010 US

**FEI Number:** 46-3353585

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSEM  
1201 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:** KAITY TOON, ASST. SECRETARY

02/25/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR, TREASURER  
Name            LARAKI, OTHMAN  
Address        831 MITTEN ROAD, STE 100  
City-State-Zip: BURLINGAME CA 94010

Title            DIRECTOR  
Name            GIL, ELAD  
Address        831 MITTEN ROAD, STE 100  
City-State-Zip: BURLINGAME CA 94010

Title            DIRECTOR  
Name            WAGNER, SUSAN L.  
Address        831 MITTEN ROAD, STE 100  
City-State-Zip: BURLINGAME CA 94010

Title            DIRECTOR  
Name            TANEJA, HEMANT  
Address        831 MITTEN ROAD, STE 100  
City-State-Zip: BURLINGAME CA 94010

Title            SECRETARY  
Name            LACAVERA, CATHERINE  
Address        831 MITTEN ROAD  
                  STE 100  
City-State-Zip: BURLINGAME CA 94010

Title            CFO  
Name            HERRING, MIKE  
Address        831 MITTEN ROAD  
                  STE 100  
City-State-Zip: BURLINGAME CA 94010

*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:** LACAVERA CATHERINE

SECRETARY

02/25/2023

Electronic Signature of Signing Officer/Director Detail

Date