

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000004149

**FILED  
Apr 25, 2018  
Secretary of State  
CC6019436825**

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

**Current Principal Place of Business:**

335 MADISON AVENUE, 16TH FLOOR  
NEW YORK, NY 10017

**Current Mailing Address:**

335 MADISON AVENUE, 16TH FLOOR  
NEW YORK, NY 10017 US

**FEI Number:** 47-4725090

**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 CEO, SECRETARY, TREASURER,  
PRESIDENT  
Name NAZEM, ALEXANDER G.  
Address 335 MADISON AVENUE, 16TH FLOOR  
City-State-Zip: NEW YORK NY 10017

Title DIRECTOR  
Name RYAN, KEVIN  
Address 335 MADISON AVENUE, 16TH FLOOR  
City-State-Zip: NEW YORK NY 10017

Title DIRECTOR  
Name CHEE, BRIAN  
Address ONE LETTERMAN DRIVE  
BUILDING C 3RD FLOOR  
City-State-Zip: SAN FRANCISCO CA 94129

*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:** ALEXANDER G. NAZEM

**PRESIDENT**

**04/25/2018**

Electronic Signature of Signing Officer/Director Detail

Date