

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000004149

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

**Current Principal Place of Business:**

335 MADISON AVENUE  
SUITE 5A  
NEW YORK, NY 10017

**FILED**  
**Feb 27, 2023**  
**Secretary of State**  
**2164952782CC**

**Current Mailing Address:**

335 MADISON AVENUE  
SUITE 5A  
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 SECRETARY, TREASURER,  
PRESIDENT, CEO  
Name NAZEM, ALEXANDER G.  
Address 335 MADISON AVENUE  
SUITE 5A  
City-State-Zip: NEW YORK NY 10017

Title DIRECTOR  
Name RYAN, KEVIN  
Address 335 MADISON AVENUE  
SUITE 5A  
City-State-Zip: NEW YORK NY 10017

Title DIRECTOR  
Name CHEE, BRIAN  
Address 335 MADISON AVENUE  
SUITE 5A  
City-State-Zip: NEW YORK NY 10017

*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**

**02/27/2023**

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

\_\_\_\_\_  
Date