

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000004149

**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  
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

*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

CEO

07/18/2017

Electronic Signature of Signing Officer/Director Detail

Date