

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000001222

Entity Name: ELLIGO HEALTH RESEARCH, INC.**Current Principal Place of Business:**11612 BEE CAVE ROAD,
SUITE 150
AUSTIN, TX 78738**Current Mailing Address:**11612 BEE CAVE ROAD,
SUITE 150
AUSTIN, TX 78738 US**FEI Number:** 81-1874533**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, TREASURER &
 DIRECTOR
Name POTTHOFF, JOHN
Address 11612 BEE CAVE ROAD, SUITE 150
City-State-Zip: AUSTIN TX 78738

Title SECRETARY
Name STAEDTLER, AMY
Address 11612 BEE CAVE ROAD, SUITE 150
City-State-Zip: AUSTIN TX 78738

Title DIRECTOR
Name CRUMPLER, JOHN
Address 11612 BEE CAVE ROAD, SUITE 150
City-State-Zip: AUSTIN TX 78738

Title DIRECTOR
Name MOORE, CHAD
Address 11612 BEE CAVE ROAD, SUITE 150
City-State-Zip: AUSTIN TX 78738

Title DIRECTOR
Name LANGE, CHRISTIAN
Address 11612 BEE CAVE ROAD, SUITE 150
City-State-Zip: AUSTIN TX 78738

Title DIRECTOR
Name MOSELEY, ALLEN
Address 11612 BEE CAVE ROAD, SUITE 150
City-State-Zip: AUSTIN TX 78738

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: AMY STAEDTLER**SECRETARY****04/10/2018**

Electronic Signature of Signing Officer/Director Detail

Date