

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000004034

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

**Current Principal Place of Business:**

303 2ND STREET, SUITE 650  
SAN FRANCISCO, CA 94107

**Current Mailing Address:**

303 2ND STREET, SUITE 650  
SAN FRANCISCO, CA 94107 US

**FEI Number:** 81-1884841

**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            PRESIDENT, DIRECTOR  
Name            PEREZ, DANIEL  
Address        303 2ND STREET, SUITE 650  
City-State-Zip: SAN FRANCISCO CA 94107

Title            VP, DIRECTOR  
Name            MECKLENBURG, GABRIEL  
Address        303 2ND STREET, SUITE 650  
City-State-Zip: SAN FRANCISCO CA 94107

*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:** DANIEL PEREZ

**PRESIDENT**

**03/03/2020**

Electronic Signature of Signing Officer/Director Detail

Date