

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19000001831

**Entity Name:** CROSSOVER HEALTH MANAGEMENT SERVICES, INC.

**FILED**  
**Apr 22, 2022**  
**Secretary of State**  
**3285332268CC**

**Current Principal Place of Business:**

101 WEST AVENIDA VISTA HERMOSA  
SUITE 120  
SAN CLEMENTE, CA 92672

**Current Mailing Address:**

101 WEST AVENIDA VISTA HERMOSA  
SUITE 120  
SAN CLEMENTE, CA 92672 US

**FEI Number: 27-2210135**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

REGISTERED AGENT SOLUTIONS, INC  
155 OFFICE PLAZA DRIVE STE A  
TALLAHASSEE, FL 32301 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, PRESIDENT, DIRECTOR  
Name SHREEVE, SCOTT  
Address 101 WEST AVENIDA VISTA HERMOSA  
SUITE 120  
City-State-Zip: SAN CLEMENTE CA 92672

Title DIRECTOR  
Name MELLARD, KELSEY  
Address 101 WEST AVENIDA VISTA HERMOSA  
SUITE 120  
City-State-Zip: SAN CLEMENTE CA 92672

Title DIRECTOR  
Name JORGENSEN, BRET  
Address 101 WEST AVENIDA VISTA HERMOSA  
SUITE 120  
City-State-Zip: SAN CLEMENTE CA 92672

Title DIRECTOR  
Name VIEHBACHER, CHRISTOPHER  
Address 101 WEST AVENIDA VISTA HERMOSA  
SUITE 120  
City-State-Zip: SAN CLEMENTE CA 92672

Title DIRECTOR  
Name KORNOWSKI, SOPHIE  
Address 101 WEST AVENIDA VISTA HERMOSA  
SUITE 120  
City-State-Zip: SAN CLEMENTE CA 92672

Title CFO, SECRETARY  
Name CAVANAH, SANDRA  
Address 101 WEST AVENIDA VISTA HERMOSA  
SUITE 120  
City-State-Zip: SAN CLEMENTE CA 92672

Title DIRECTOR  
Name WILSON, TRAVIS  
Address 101 WEST AVENIDA VISTA HERMOSA  
SUITE 120  
City-State-Zip: SAN CLEMENTE CA 92672

*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: SCOTT SHREEVE**

**CEO, PRESIDENT,  
DIRECTOR**

**04/22/2022**

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

\_\_\_\_\_  
Date