

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000005706

Entity Name: BRIGHT HEALTH SERVICES, INC.**Current Principal Place of Business:**8000 NORMAN CENTER DRIVE
SUITE 1200
MINNEAPOLIS , MN 55437**Current Mailing Address:**8000 NORMAN CENTER DRIVE
SUITE 1200
MINNEAPOLIS , MN 55437 US**FEI Number:** 84-3262809**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT 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	CFO
Name	SMITH, CATHY
Address	218 NORTH 2ND STREET SUITE 401
City-State-Zip:	MINNEAPOLIS MN 55401

Title	DIRECTOR
Name	SMITH, CATHY
Address	218 NORTH 2ND STREET SUITE 401
City-State-Zip:	MINNEAPOLIS MN 55401

Title	DIRECTOR
Name	JEFF, CRAIG
Address	218 NORTH 2ND STREET SUITE 401
City-State-Zip:	MINNEAPOLIS MN 55401

Title	SECRETARY
Name	JEFF, CRAIG
Address	218 NORTH 2ND STREET SUITE 401
City-State-Zip:	MINNEAPOLIS MN 55401

Title	PRESIDENT/CEO
Name	SRIVASTAVA, SAM
Address	8000 NORMAN CENTER DRIVE SUITE 1200
City-State-Zip:	MINNEAPOLIS MN 55437

Title	DIRECTOR
Name	JEFF, COOK
Address	8000 NORMAN CENTER DRIVE SUITE 1200
City-State-Zip:	MINNEAPOLIS MN 55437

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: CRAIG JEFF**SECRETARY****02/24/2023**

Electronic Signature of Signing Officer/Director Detail

Date