

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000005706

Entity Name: BRIGHT HEALTH SERVICES, INC.**Current Principal Place of Business:**219 N. 2ND ST.
STE:401
MINNEAPOLIS, MN 55401**Current Mailing Address:**219 N. 2ND ST.
STE:401
MINNEAPOLIS, MN 55401 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	PRESIDENT, CEO, DIRECTOR
Name	WINOKUR, RACHEL
Address	219 N. 2ND ST. STE:401
City-State-Zip:	MINNEAPOLIS MN 55401

Title	OTHER
Name	VALDIVIA MD, MS, TOMAS
Address	219 N. 2ND ST. STE:401
City-State-Zip:	MINNEAPOLIS MN 55401

Title	CEO, DIRECTOR
Name	SMITH, CATHY
Address	219 N. 2ND ST. STE:401
City-State-Zip:	MINNEAPOLIS MN 55401

Title	SECRETARY, DIRECTOR
Name	NELSEN, KEITH J
Address	219 N. 2ND ST. STE:401
City-State-Zip:	MINNEAPOLIS MN 55401

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: KEITH J NELSEN**SECRETARY****09/08/2020**

Electronic Signature of Signing Officer/Director Detail

Date