

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F20000002329

**Entity Name:** ROMAN HEALTH VENTURES INC.

**Current Principal Place of Business:**

116 W 23RD STREET  
4TH FLOOR  
NEW YORK, NY 10011

**FILED**  
**Apr 03, 2024**  
**Secretary of State**  
**9857106467CC**

**Current Mailing Address:**

116 W 23RD STREET  
4TH FLOOR  
NEW YORK, NY 10011 US

**FEI Number:** 82-1285516

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
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 CPO  
Name RAHMANIAN, SAMAN  
Address 116 W 23RD STREET  
4TH FLOOR  
City-State-Zip: NEW YORK NY 10011

Title DIRECTOR  
Name RAHMANIAN, SAMAN  
Address 116 W 23RD STREET  
4TH FLOOR  
City-State-Zip: NEW YORK NY 10011

Title SECRETARY  
Name RAHMANIAN, SAMAN  
Address 116 W 23RD STREET  
4TH FLOOR  
City-State-Zip: NEW YORK NY 10011

Title TREASURER  
Name RAHMANIAN, SAMAN  
Address 116 W 23RD STREET  
4TH FLOOR  
City-State-Zip: NEW YORK NY 10011

Title DIRECTOR  
Name REITANO, ZACHARIAH  
Address 116 W 23RD STREET  
4TH FLOOR  
City-State-Zip: NEW YORK NY 10011

Title DIRECTOR  
Name HEITZMANN, RICK  
Address 116 W 23RD STREET  
4TH FLOOR  
City-State-Zip: NEW YORK NY 10011

Title DIRECTOR  
Name OHANIAN, ALEXIS  
Address 116 W 23RD STREET  
4TH FLOOR  
City-State-Zip: NEW YORK NY 10011

Title DIRECTOR  
Name TANEJA, HEMANT  
Address 116 W 23RD STREET  
4TH FLOOR  
City-State-Zip: NEW YORK NY 10011

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*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:** SAMAN RAHMANIAN

**SECRETARY**

**04/03/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            WEST, TONY  
Address        116 W 23RD STREET  
                  4TH FLOOR  
City-State-Zip: NEW YORK NY 10011