

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F23000000216

Entity Name: SYNAPSE HEALTH, INC.

Current Principal Place of Business:

3755 CHASE AVENUE
SKOKIE, IL 60076

FILED
Apr 13, 2024
Secretary of State
9385552285CC

Current Mailing Address:

3755 CHASE AVENUE
SKOKIE, IL 60076 US

FEI Number: 87-3419115

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T 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 CEO
Name KILGORE, ANTHONY
Address 3755 CHASE AVENUE
City-State-Zip: SKOKIE IL 60076

Title CFO
Name CHO, AARON
Address 3755 CHASE AVENUE
City-State-Zip: SKOKIE IL 60076

Title VP
Name GABRIEL, MICHAEL
Address 3755 CHASE AVENUE
City-State-Zip: SKOKIE IL 60076

Title CHAIRMAN OF THE BOARD
Name HAYEK, ANDREW
Address 3755 CHASE AVENUE
City-State-Zip: SKOKIE IL 60076

Title DIRECTOR
Name HAYEK, ANDREW
Address 3755 CHASE AVENUE
City-State-Zip: SKOKIE IL 60076

Title DIRECTOR
Name ROBBINS, BENJAMIN
Address 3755 CHASE AVENUE
City-State-Zip: SKOKIE IL 60076

Title DIRECTOR
Name SCHECHTER, EITAN
Address 3755 CHASE AVENUE
City-State-Zip: SKOKIE IL 60076

Title DIRECTOR
Name KILGORE, ANTHONY
Address 3755 CHASE AVENUE
City-State-Zip: SKOKIE IL 60076

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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: AARON CHO

CFO

04/13/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ROBERTS, CORY
Address 3755 CHASE AVENUE
City-State-Zip: SKOKIE IL 60076

Title DIRECTOR
Name STERN, TODD
Address 3755 CHASE AVENUE
City-State-Zip: SKOKIE IL 60076