

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F23000004398

Entity Name: DIVERGE HEALTH, INC.**Current Principal Place of Business:**500 ADAMS AVE
GLENCOE, IL 60022**Current Mailing Address:**500 ADAMS AVE
GLENCOE, IL 60022 US**FEI Number:** 92-0729669**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 DIRECTOR
Name ROBERTS, CORY
Address 500 ADAMS AVE
City-State-Zip: GLENCOE IL 60022

Title DIRECTOR
Name BHANSALI, BINOY
Address 500 ADAMS AVE
City-State-Zip: GLENCOE IL 60022

Title PRESIDENT/CEO
Name BHANSALI, BINOY
Address 500 ADAMS AVE
City-State-Zip: GLENCOE IL 60022

Title SECRETARY
Name ROBERTS, CORY
Address 500 ADAMS AVE
City-State-Zip: GLENCOE IL 60022

Title CHAIRMAN OF THE BOARD
Name HAYEK, ANDREW
Address 500 ADAMS AVE
City-State-Zip: GLENCOE IL 60022

Title DIRECTOR
Name HAYEK, ANDREW
Address 500 ADAMS AVE
City-State-Zip: GLENCOE IL 60022

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: BINOY BHANSALI**PRESIDENT/CEO****02/28/2024**

Electronic Signature of Signing Officer/Director Detail

Date