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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

PRES

SIGNATURE: CHERESE N. JONES

Current Mailing Address:

401 E LAS OLAS BLVD 130376 FORT LAUDERDALE, FL 33301

FEI Number: APPLIED FOR

Name and Address of Current Registered Agent:

JONES, CHERESE N 401 E LAS OLAS BLVD 130376 FORT LAUDERDALE, FL 33301 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

Officer/Director Detail :

Title	PRES	Title	VP
Name	JONES, CHERESE N	Name	DESAUGUSTE JR., SEBASTIEN N
Address	401 E LAS OLAS BLVD STE 130376	Address	401 E LAS OLAS BVD STE 130376
City-State-Zip:	FORT LAUDERDALE FL 33301	City-State-Zip:	FORT LAUDERDALE FL 33301

Entity Name: THE NOAH HEALTH FOUNDATION, INC

Current Principal Place of Business:

401 E LAS OLAS BLVD 130376 FORT LAUDERDALE, FL 33301

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N11000004660

Certificate of Status Desired: No

Electronic Signature of Signing Officer/Director Detail

FILED May 01, 2024 Secretary of State 9975572006CC

> 05/01/2024 Date

Date