

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000008667

**Entity Name:** VERA WHOLE HEALTH, INC**Current Principal Place of Business:**1201 2ND AVE  
STE 1400  
SEATTLE, WA 98101-3020**Current Mailing Address:**1201 2ND AVE  
STE 1400  
SEATTLE, WA 98101-3020 US**FEI Number:** 20-8906429**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENTS, INC  
7901 4TH AVE N  
STE 300  
ST PETERSBURG, FL 33702 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 PD  
Name SCHMID, RYAN  
Address 1511 6TH AVE STE 260  
City-State-Zip: SEATTLE WA 98101-3150

Title DIR  
Name SCHMID, RYAN  
Address 1511 6TH AVE STE 260  
City-State-Zip: SEATTLE WA 98101-3150

Title DIR  
Name EICHELBERGER, HARRY  
Address 1511 6TH AVE STE 260  
City-State-Zip: SEATTLE WA 98101-3150

Title D  
Name WILLIAMS, RON  
Address 1511 6TH AVE  
STE 260  
City-State-Zip: SEATTLE WA 98101-3150

Title ST  
Name COLE, SARAH  
Address 1511 6TH AVE STE 260  
City-State-Zip: SEATTLE WA 98101-3150

Title DIR  
Name KESSELHEIM, JARED  
Address 1511 6TH AVE STE 260  
City-State-Zip: SEATTLE WA 98101-3150

Title D  
Name SACHDEV, RAVI  
Address 1511 6TH AVE  
STE 260  
City-State-Zip: SEATTLE WA 98101-3150

Title D  
Name PITTS, KEITH  
Address 1511 6TH AVE  
STE 260  
City-State-Zip: SEATTLE WA 98101-3150

**Continues on page 2**

*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:** SARAH COLE, CFO

CFO

01/06/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

|                 |                         |
|-----------------|-------------------------|
| Title           | D                       |
| Name            | MALCONIAN, DANIEL       |
| Address         | 1511 6TH AVE<br>STE 260 |
| City-State-Zip: | SEATTLE WA 98101-3150   |