

**2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19000001215

**Entity Name:** CHRYSALIS HEALTH CARE, INC.

**Current Principal Place of Business:**

5300 HAMILTON AVE, STE 606  
CINCINNATI, OH 45224

**Current Mailing Address:**

5300 HAMILTON AVE, STE 606  
CINCINNATI, OH 45224 US

**FEI Number: 31-1423931**

**Certificate of Status Desired: No**

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

STRAUB, CHARLES D  
6801 LAKE WORTH RD, STE 106  
LAKE WORTH, FL 33467 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 TRUSTEE  
Name SEIWERT, DIANE  
Address 5300 HAMILTON AVE, STE 606  
City-State-Zip: CINCINNATI OH 45224

*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.*

**SIGNATURE: DIANE M. SEIWERT**

**TRUSTEE**

**02/14/2022**

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

\_\_\_\_\_  
Date