

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005338

Entity Name: OMH-HEALTHEDGE HOLDINGS, INC.**Current Principal Place of Business:**6021 UNIVERSITY BOULEVARD
SUITE 450
ELLCOTT CITY , MD 21043**Current Mailing Address:**6021 UNIVERSITY BOULEVARD
SUITE 450
ELLCOTT CITY , MD 21043 US**FEI Number:** 20-5803714**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CORPORATION SERVICES COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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:** ROSEMARIE GAGLIARDINO

03/28/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DCEO
Name	NATARAJAN, GOPI
Address	6021 UNIVERSITY BOULEVARD SUITE 450
City-State-Zip:	ELLCOTT CITY MD 21043

Title	CFO
Name	SHAH, GIRA
Address	6021 UNIVERSITY BOULEVARD SUITE 450
City-State-Zip:	ELLCOTT CITY MD 21043

Title	DPRESIDENT
Name	MEHTA, ANURAG
Address	6021 UNIVERSITY BOULEVARD SUITE 450
City-State-Zip:	ELLCOTT CITY MD 21043

Title	D
Name	BHOGARAJU, ANANTH
Address	6021 UNIVERSITY BOULEVARD SUITE 450
City-State-Zip:	ELLCOTT CITY MD 21043

Title	D
Name	REMINGTON, ROYCE
Address	6021 UNIVERSITY BOULEVARD SUITE 450
City-State-Zip:	ELLCOTT CITY MD 21043

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: GIRA SHAH

CFI

03/28/2016

Electronic Signature of Signing Officer/Director Detail

Date