

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000002153

**FILED**  
**Mar 08, 2024**  
**Secretary of State**  
**9309745244CC**

**Entity Name:** AMERICAN SPECIALTY HEALTH MANAGEMENT, INC.

**Current Principal Place of Business:**

12800 N. MERIDIAN ST.  
CARMEL, IN 46032

**Current Mailing Address:**

10221 WATERIDGE CIR.  
SAN DIEGO, CA 92121 US

**FEI Number: 33-0783504**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CHAIRMAN, CHIEF EXECUTIVE OFFICER & PRESIDENT  
Name DEVRIES, GEORGE T. III  
Address 10221 WATERIDGE CIR.  
City-State-Zip: SAN DIEGO CA 92121

Title CHIEF TECHNOLOGY OFFICER  
Name BONHOMME, JEROME  
Address 10221 WATERIDGE CIR.  
City-State-Zip: SAN DIEGO CA 92121

Title CHIEF FINANCIAL OFFICER & TREASURER  
Name DANKO, MARCEL M.  
Address 10221 WATERIDGE CIR.  
City-State-Zip: SAN DIEGO CA 92121

Title CHIEF OPERATIONS OFFICER  
Name ECHITO, GINA  
Address 10221 WATERIDGE CIR.  
City-State-Zip: SAN DIEGO CA 92121

Title CHIEF OPERATIONS OFFICER  
Name FOGGIANO, JASON  
Address 12800 N. MERIDIAN ST.  
City-State-Zip: CARMEL IN 46032

Title CHIEF LEGAL OFFICER & SECRETARY  
Name HILEY, ERIN  
Address 10221 WATERIDGE CIR.  
City-State-Zip: SAN DIEGO CA 92121

Title CHIEF PRODUCT OFFICER  
Name HUSSAIN, ALI  
Address 10221 WATERIDGE CIR.  
City-State-Zip: SAN DIEGO CA 92121

Title CHIEF BUSINESS DEVELOPMENT OFFICER  
Name KLEINMAIER, JOY  
Address 12800 N. MERIDIAN ST.  
City-State-Zip: CARMEL IN 46032

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*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: MARCEL M. DANKO**

**CHIEF FINANCIAL OFFICER & TREASURER**

**03/08/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title CHIEF HEALTH SERVICES OFFICER  
Name R., DOUGLAS METZ, DC  
Address 12800 N. MERIDIAN ST.  
City-State-Zip: CARMEL IN 46032