

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000001910

Entity Name: DNV HEALTHCARE USA INC.**Current Principal Place of Business:**1400 RAVELLO DRIVE
KATY, TX 77449**Current Mailing Address:**1400 RAVELLO DRIVE
KATY, TX 77449 US**FEI Number:** 26-0628209**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 AUTHORIZED SIGNOR
Name GAUBATZ, SHERI
Address 1400 RAVELLO DRIVE
City-State-Zip: KATY TX 77449

Title DIRECTOR
Name SLAUTER, STEVEN
Address 1400 RAVELLO DRIVE
City-State-Zip: KATY TX 77449

Title TREASURER
Name SLAUTER, STEVEN
Address 1400 RAVELLO DRIVE
City-State-Zip: KATY TX 77449

Title PRESIDENT
Name PROCTOR, KELLY
Address 1400 RAVELLO DRIVE
City-State-Zip: KATY TX 77449

Title MEMBER OF THE BOARD OF DIRECTORS
Name DSOUZA, ANTONY
Address 1400 RAVELLO DRIVE
City-State-Zip: KATY TX 77449

Title CHAIRMAN OF THE BOARD
Name DSOUZA, ANTONY
Address 1400 RAVELLO DRIVE
City-State-Zip: KATY TX 77449

Title SECRETARY
Name BRICIA, EVANGELINE BUGARIN
Address 1400 RAVELLO DRIVE
City-State-Zip: KATY TX 77449

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: SHERI GAUBATZ

AUTHORIZED SIGNOR

04/02/2024

Electronic Signature of Signing Officer/Director Detail

Date