

2021 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	SECRETARY
Name	GAUBATZ, SHERI
Address	1400 RAVELLO DRIVE
City-State-Zip:	KATY TX 77449

Title	CHAIRMAN
Name	BARNES, RICHARD
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	HORINE, PATRICK
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**SECRETARY****04/25/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date