

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000001164

**Entity Name:** HEALTH LANGUAGE, INC.

**Current Principal Place of Business:**

4600 S. SYRACUSE ST SUITE 1200  
DENVER, CO 80237

**Current Mailing Address:**

2700 LAKE COOK ROAD  
C/O WK GLCD  
RIVERWOODS, IL 60015 US

**FEI Number:** 74-3022602

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
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 S, EVP  
Name INGATO, ROBERT  
Address 28 LIBERTY ST 26TH FL  
City-State-Zip: NEW YORK NY 10005

Title PRESIDENT  
Name CAYWOOD, STACEY  
Address 230 3RD AVE  
City-State-Zip: WALTHAM MA 02451

Title DIRECTOR, VP, ASST. TREASURER  
Name BALNIUS, J. MICHELE  
Address 2700 LAKE COOK ROAD  
City-State-Zip: RIVERWOODS IL 60015

Title VP, TREASURER  
Name FELDMAN, IRVING  
Address 2700 LAKE COOK ROAD  
City-State-Zip: RIVERWOODS IL 60015

Title ASST. SECRETARY  
Name SANDERS, ERIN  
Address 2700 LAKE COOK ROAD  
City-State-Zip: RIVERWOODS IL 60015

Title DIRECTOR  
Name MONTENEGRO, MARIA  
Address 28 LIBERTY ST 26TH FL  
City-State-Zip: NEW YORK NY 10005

*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:** ERIN SANDERS

**ASST SECRETARY**

**04/24/2023**

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

\_\_\_\_\_  
Date