

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000001465

Entity Name: ORANGE HEALTH SOLUTIONS, INC.**Current Principal Place of Business:**500 SOUTHBOROUGH DR.
SOUTH PORTLAND, ME 04106**Current Mailing Address:**500 SOUTHBOROUGH DR.
SOUTH PORTLAND, ME 04106 US**FEI Number:** 80-0888155**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION
1200 S. PINE ISLAND RD., STE 250
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:** MADONNA CUDDIHY

04/16/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO
Name SANNER, SCOTT
Address 500 SOUTHBOROUGH DR.
City-State-Zip: SOUTH PORTLAND ME 04106

Title CFO
Name GIBSON, THOMAS
Address 500 SOUTHBOROUGH DR.
City-State-Zip: SOUTH PORTLAND ME 04106

Title DIRECTOR
Name DOLDER, ADAM
Address 165 MASON ST., 3RD FLR
City-State-Zip: GREENWICH CT 06830

Title DIRECTOR
Name CARLSON, BRETT
Address 165 MASON ST., 3RD FLR
City-State-Zip: GREENWICH CT 06830

Title DIRECTOR
Name LALONDE, STEVE
Address 222 MERCHANDISE MART PLAZA
#2024
City-State-Zip: CHICAGO IL 60654

Title DIRECTOR
Name AJMANI, KARIN
Address 733 THIRD AVE., 11TH FLR
US IMAGING
City-State-Zip: NEW YORK NY 10017

Title DIRECTOR
Name WALKER, JOHN M.D.
Address 2702 SWAN LAKE DR.
City-State-Zip: HIGH POINT NC 27262

Title DIRECTOR
Name GREEN, HUGH
Address 800 PRUDENTIAL DRIVE
City-State-Zip: JACKSONVILLE FL 32207

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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: THOMAS GIBSON

CFO

04/16/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	BUFF, HOWARD
Address	103 WELLWOOD AVENUE
City-State-Zip:	SAINT JOHNS FL 32259