

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000004170

Entity Name: HICUITY HEALTH, INC.

Current Principal Place of Business:

1 CITYPLACE DR.
SUITE 570
ST. LOUIS, MO 63141

FILED
Apr 22, 2021
Secretary of State
3659941065CC

Current Mailing Address:

1 CITYPLACE DR.
SUITE 570
ST. LOUIS, MO 63141 US

FEI Number: 36-4584776

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 CLEGG, ANDREA
Address 1 CITYPLACE DR.
SUITE 570
City-State-Zip: ST. LOUIS MO 63141

Title TREASURER / CFO
Name CLEGG, ANDREA
Address 1 CITYPLACE DR.
SUITE 570
City-State-Zip: ST. LOUIS MO 63141

Title DIRECTOR
Name LUBASH, BARBARA
Address 1 CITYPLACE DR.
SUITE 570
City-State-Zip: ST. LOUIS MO 63141

Title DIRECTOR
Name SCHOPP, DAVE
Address 1 CITYPLACE DR.
SUITE 570
City-State-Zip: ST. LOUIS MO 63141

Title DIRECTOR
Name REARDON, JOHN
Address 1 CITYPLACE DR.
SUITE 570
City-State-Zip: ST. LOUIS MO 63141

Title PRESIDENT / CEO
Name SILVERMAN, LOU
Address 1 CITYPLACE DR.
SUITE 570
City-State-Zip: ST. LOUIS MO 63141

Title CHAIRMAN OF THE BOARD
Name SILVERMAN, LOU
Address 1 CITYPLACE DR.
SUITE 570
City-State-Zip: ST. LOUIS MO 63141

Title DIRECTOR
Name MIKOLAJCYK, MICHAEL
Address 1 CITYPLACE DR.
SUITE 570
City-State-Zip: ST. LOUIS MO 63141

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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: ANDREA CLEGG

SECRETARY

04/22/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PETERSON, TIM
Address 1 CITYPLACE DR.
 SUITE 570
City-State-Zip: ST. LOUIS MO 63141