

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000005168

Entity Name: COLOR HEALTH, INC.**Current Principal Place of Business:**831 MITTEN RD
SUITE 100
BURLINGAME, CA 94010**Current Mailing Address:**831 MITTEN RD
SUITE 100
BURLINGAME, CA 94010 US**FEI Number:** 46-3353585**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSEM
1201 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:** KAITY TOON, ASST. SECRETARY

03/19/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name LARAKI, OTHMAN
Address 831 MITTEN RD
 SUITE 100
City-State-Zip: BURLINGAME CA 94010

Title DIRECTOR
Name LARAKI, OTHMAN
Address 831 MITTEN RD
 SUITE 100
City-State-Zip: BURLINGAME CA 94010

Title DIRECTOR
Name WAGNER, SUSAN L.
Address 831 MITTEN RD
 SUITE 100
City-State-Zip: BURLINGAME CA 94010

Title DIRECTOR
Name MATHER, ANN
Address 831 MITTEN RD
 SUITE 100
City-State-Zip: BURLINGAME CA 94010

Title DIRECTOR
Name BORGAN, LUIS
Address 831 MITTEN RD
 SUITE 100
City-State-Zip: BURLINGAME CA 94010

Title CFO
Name FYMAT, ISABELLE
Address 831 MITTEN RD
 SUITE 100
City-State-Zip: BURLINGAME CA 94010

Title CEO
Name LARAKI, OTHMAN
Address 831 MITTEN RD
 SUITE 100
City-State-Zip: BURLINGAME CA 94010

Title SECRETARY
Name HARGRAVES, JAKE
Address 831 MITTEN RD
 SUITE 100
City-State-Zip: BURLINGAME CA 94010

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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: JAKE HARGRAVES

SECRETARY

03/19/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	PRESIDENT
Name	SAVELLO, CAROLINE
Address	831 MITTEN RD SUITE 100
City-State-Zip:	BURLINGAME CA 94010