

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000000658

Entity Name: HEALTH LOYALTY INC.**Current Principal Place of Business:**60 COLUMBIA WAY
SUITE 502
MARKHAM, ONTARIO L3R 0C9**Current Mailing Address:**60 COLUMBIA WAY
SUITE 502
MARKHAM, ONTARIO L3R 0C9 CA**FEI Number:** 36-4789721**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	DIRECTOR
Name	ARCHAMBAULT, NICOLE F.
Address	60 COLUMBIA WAY SUITE 502
City-State-Zip:	MARKHAM ONTARIO L3R 0C9

Title	PRESIDENT/CEO
Name	ARCHAMBAULT, NICOLE F.
Address	60 COLUMBIA WAY SUITE 502
City-State-Zip:	MARKHAM ONTARIO L3R 0C9

Title	TREASURER/CFO
Name	ARCHAMBAULT, NICOLE F.
Address	60 COLUMBIA WAY SUITE 502
City-State-Zip:	MARKHAM ONTARIO L3R 0C9

Title	SECRETARY
Name	ARCHAMBAULT, NICOLE F.
Address	60 COLUMBIA WAY SUITE 502
City-State-Zip:	MARKHAM ONTARIO L3R 0C9

Title	CHAIRMAN OF THE BOARD
Name	MAHEU, RONALD G.
Address	60 COLUMBIA WAY SUITE 502
City-State-Zip:	MARKHAM ONTARIO L3R 0C9

Title	DIRECTOR
Name	MAHEU, RONALD G.
Address	60 COLUMBIA WAY SUITE 502
City-State-Zip:	MARKHAM ONTARIO L3R 0C9

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: NICOLE F. ARCHAMBAULT

PRESIDENT/CEO

03/28/2025

Electronic Signature of Signing Officer/Director Detail_____
Date