2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000001824

Entity Name: HEALTH CATALYST FLORIDA, INC.

FILED
Apr 30, 2021
Secretary of State
0504116505CC

Current Principal Place of Business:

10897 SOUTH RIVER FRONT PARKWAY #300

SOUTH JORDAN, UT 84095

Current Mailing Address:

10897 SOUTH RIVER FRONT PARKWAY #300 SOUTH JORDAN, UT 84095 US

FEI Number: 45-3337483 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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR

Name BULLOCK, FRASER Name TEMPLETON, MARK

Address 10897 SOUTH RIVER FRONT Address 10897 SOUTH RIVER FRONT

PARKWAY #300 PARKWAY #300

SOUTH JORDAN UT 84095 City-State-Zip: SOUTH JORDAN UT 84095

Title TREASURER Title DIRECTOR

Name HUNT, BRYAN Name FERRIS, TIMOTHY

Address 10897 SOUTH RIVER FRONT Address 10897 SOUTH RIVER FRONT

PARKWAY #300 PARKWAY #300

City-State-Zip: SOUTH JORDAN UT 84095 City-State-Zip: SOUTH JORDAN UT 84095

 Title
 CEO, DIRECTOR
 Title
 DIRECTOR

 Name
 BURTON, DANIEL
 Name
 KANE, JOHN A

Address 10897 SOUTH RIVER FRONT Address 10897 SOUTH RIVER FRONT

PARKWAY #300 PARKWAY #300

City-State-Zip: SOUTH JORDAN UT 84095 City-State-Zip: SOUTH JORDAN UT 84095

Title DIRECTOR Title PRESIDENT

Name PRAMODA, ANITA Name NELLI, JAMES PATRICK

Address 10897 SOUTH RIVER FRONT Address 10897 SOUTH RIVER FRONT

PARKWAY #300 PARKWAY #300

City-State-Zip: SOUTH JORDAN UT 84095 City-State-Zip: SOUTH JORDAN UT 84095

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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: DANIEL ORENSTEIN SECRETARY 04/30/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

SMITH, DAWN

Name

Title **SECRETARY** Title DIRECTOR

Name ORENSTEIN, DANIEL Name GALLAGHER, DUNCAN

10897 SOUTH RIVER FRONT PARKWAY #300 Address Address 10897 SOUTH RIVER FRONT

PARKWAY #300 City-State-Zip: SOUTH JORDAN UT 84095

City-State-Zip: SOUTH JORDAN UT 84095

Title **DIRECTOR** Title DIRECTOR

Name LARSON-GREEN, JULIE 10897 SOUTH RIVER FRONT PARKWAY #300

Address Address 10897 SOUTH RIVER FRONT

PARKWAY #300 City-State-Zip: SOUTH JORDAN UT 84095

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