

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000001824

**Entity Name:** HEALTH CATALYST FLORIDA, INC.

**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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR  
Name KOLB, MATTHEW  
Address 10897 SOUTH RIVER FRONT PARKWAY #300  
City-State-Zip: SOUTH JORDAN UT 84095

Title CEO  
Name BURTON, DANIEL  
Address 10897 SOUTH RIVER FRONT PARKWAY #300  
City-State-Zip: SOUTH JORDAN UT 84095

Title TREASURER  
Name HUNT, BRYAN  
Address 10897 SOUTH RIVER FRONT PARKWAY #300  
City-State-Zip: SOUTH JORDAN UT 84095

Title DIRECTOR  
Name BURTON, DANIEL  
Address 10897 SOUTH RIVER FRONT PARKWAY #300  
City-State-Zip: SOUTH JORDAN UT 84095

Title DIRECTOR  
Name GALLAGHER, DUNCAN  
Address 10897 SOUTH RIVER FRONT PARKWAY #300  
City-State-Zip: SOUTH JORDAN UT 84095

Title DIRECTOR  
Name PRAMODA, ANITA  
Address 10897 SOUTH RIVER FRONT PARKWAY #300  
City-State-Zip: SOUTH JORDAN UT 84095

Title DIRECTOR  
Name SMITH, DAWN  
Address 10897 SOUTH RIVER FRONT PARKWAY #300  
City-State-Zip: SOUTH JORDAN UT 84095

Title DIRECTOR  
Name LARSON-GREEN, JULIE  
Address 10897 SOUTH RIVER FRONT PARKWAY #300  
City-State-Zip: SOUTH JORDAN UT 84095

**Continues on page 2**

*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: BENJAMIN LANDRY**

**SECRETARY**

**04/10/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name TEMPLETON, MARK  
Address 10897 SOUTH RIVER FRONT PARKWAY #300  
City-State-Zip: SOUTH JORDAN UT 84095

Title SECRETARY  
Name LANDRY, BENJAMIN  
Address 10897 SOUTH RIVER FRONT PARKWAY #300  
City-State-Zip: SOUTH JORDAN UT 84095

Title CHAIRMAN OF THE BOARD  
Name KANE, JOHN A  
Address 10897 SOUTH RIVER FRONT  
PARKWAY #300  
City-State-Zip: SOUTH JORDAN UT 84095