

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000002075

**Entity Name:** CAPTION HEALTH, INC.

**Current Principal Place of Business:**

500 WEST MONROE STREET  
CHICAGO, IL 60661

**Current Mailing Address:**

500 WEST MONROE STREET  
CHICAGO, IL 60661 US

**FEI Number: 46-4075387**

**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, PRESIDENT  
Name           MONTGOMERY, BRIAN  
Address        500 W MONROE STREET  
City-State-Zip: CHICAGO IL 60661

Title           DIRECTOR, VP  
Name           KAMAT, VAISHALI  
Address        500 W MONROE STREET  
City-State-Zip: CHICAGO IL 60661

Title           VP, SECRETARY  
Name           AKEL, AKEL  
Address        500 W MONROE STREET  
City-State-Zip: CHICAGO IL 60661

Title           ASSISTANT SECRETARY  
Name           ESKEW, PIA  
Address        500 W MONROE STREET  
City-State-Zip: CHICAGO IL 60661

*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: PIA ESKEW**

**AUTHORIZED PERSON**

**04/02/2024**

Electronic Signature of Signing Officer/Director Detail

Date