

**2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19000005024

**Entity Name:** OBJECTIVEHEALTH, INC.**Current Principal Place of Business:**341 COOL SPRINGS BLVD SUITE 450  
FRANKLIN, TN 37067**Current Mailing Address:**341 COOL SPRINGS BLVD SUITE 450  
FRANKLIN, TN 37067 US**FEI Number:** 84-2363329**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COGENY GLOBAL, INC.  
115 NORTH CALHOUN STREET, SUITE 4  
TALLAHASSEE, FL 32301 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	REEK, DUNCAN
Address	341 COOL SPRINGS BLVD SUITE 450
City-State-Zip:	FRANKLIN TN 37067

Title	DIRECTOR
Name	STRAZIOTA, SOPHIE BOWER
Address	341 COOL SPRINGS BLVD SUITE 450
City-State-Zip:	FRANKLIN TN 37067

Title	DIRECTOR, CEO
Name	CLEMONS, STEVE
Address	341 COOL SPRINGS BLVD SUITE 450
City-State-Zip:	FRANKLIN TN 37067

Title	DIRECTOR
Name	MUTHALAGAPPAN, KUMAR
Address	341 COOL SPRINGS BLVD SUITE 450
City-State-Zip:	FRANKLIN TN 37067

Title	DIRECTOR
Name	CONS, BEN
Address	341 COOL SPRINGS BLVD SUITE 450
City-State-Zip:	FRANKLIN TN 37067

Title	CFO
Name	PORTER, JIMMY
Address	341 COOL SPRINGS BLVD SUITE 450
City-State-Zip:	FRANKLIN TN 37067

*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: JIMMY PORTER****CFO****04/23/2025**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date