2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F20000004795

Entity Name: TRANSPARENT HEALTH MARRKETPLACE, INC.

Current Principal Place of Business:

460 E. SWEDESFORD RD., STE. 1020

WAYNE. PA 19087

Current Mailing Address:

460 E. SWEDESFORD RD., STE. 1020 WAYNE. PA 19087

FEI Number: 81-3079290 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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

FILED Apr 21, 2021

Secretary of State

0742595989CC

Officer/Director Detail:

Title EVP Title SVP, SECRETARY

Name O'CONNELL, ANGELA Name HILDENBRAND, CAROLYN

Address 460 E. SWEDESFORD RD., STE. 1020 Address 460 E. SWEDESFORD RD., STE. 1020

City-State-Zip: WAYNE PA 19087 City-State-Zip: WAYNE PA 19087

Title SVP Title SVP

Name DEAN, MICHAEL Name SMITH, CARL E

Address 460 E. SWEDESFORD RD., STE. 1020 Address 460 E. SWEDESFORD RD., STE. 1020

City-State-Zip: WAYNE PA 19087 City-State-Zip: WAYNE PA 19087

Title VP Title CHAIRMAN, PRESIDENT, CEO

Name NEWMAN, ERIC Name ALI, MUNAWAR

Address 460 E. SWEDESFORD RD., STE. 1020 Address 460 E. SWEDESFORD RD., STE. 1020

City-State-Zip: WAYNE PA 19087 City-State-Zip: WAYNE PA 19087

Title CFO

Name SMITH, CARL

Address 460 E. SWEDESFORD RD., STE. 1020

City-State-Zip: WAYNE PA 19087

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: CAROLYN HILDENBRAND SECRETARY 04/21/2021

Electronic Signature of Signing Officer/Director Detail

Date