

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F21000006356

Entity Name: DEAN HEALTH SYSTEMS, INC.**Current Principal Place of Business:**1808 W BELTLINE HWY
MADISON, WI 53713-2334**Current Mailing Address:**10101 WOODFIELD LANE
ST LOUIS, MO 63132 US**FEI Number:** 39-1128616**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	P
Name	THOMPSON, MARK J
Address	1808 W BELTLINE HWY
City-State-Zip:	MADISON WI 53713-2334

Title	VP
Name	SMOOT, STEVEN R
Address	3 CITYPLACE DR
City-State-Zip:	CREVE COEUR MO 63141-7090

Title	SEC
Name	KIRSCHBAUM, THOMAS N
Address	1808 W BELTLINE HWY
City-State-Zip:	MADISON WI 53713-2334

Title	ASST SEC
Name	LONG, DOUGLAS P
Address	3 CITYPLACE DR
City-State-Zip:	CREVE COEUR MO 63141-7090

Title	T
Name	COMBS, RANDALL J
Address	3 CITYPLACE DR
City-State-Zip:	CREVE COEUR MO 63141-7090

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: DOUGLAS P. LONG**ASSISTANT SECRETARY** 01/31/2023_____
Electronic Signature of Signing Officer/Director Detail_____
Date