

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F24000002516

Entity Name: CARDAMON HEALTH, INC.**Current Principal Place of Business:**1 S. PINCKNEY ST., STE 300
MADISON, WI 53703**Current Mailing Address:**1 S. PINCKNEY ST., STE 300
MADISON, WI 53703 US**FEI Number: 87-2869723****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**Officer/Director Detail :**

Title	CEO
Name	SWAMINATHAN, VIVEK
Address	8101 FLAGSTONE DRIVE
City-State-Zip:	MADISON WI 53719

Title	COO
Name	MUELLER, ANDREW
Address	5686 ASHBOURNE LN
City-State-Zip:	FITCHBURG WI 53711

Title	OFFICER
Name	DIAL, ADAM
Address	332 172ND AVE
City-State-Zip:	SOMERSET WI 54025

Title	OFFICER
Name	DEVARAKONDA, SRIRAM
Address	42811 RAVENGLASS DR
City-State-Zip:	ASHBURN VA 20148

Title	DIRECTOR
Name	BAKKEN, MARK
Address	551 W MAIN ST.
City-State-Zip:	MADISON WI 53703

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: ANDREW MUELLER**COO****05/01/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date