

2016 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F14000002240

Entity Name: IMAGINE HEALTH, INC.

Current Principal Place of Business:

6995 UNION PARK CTR #200
COTTONWOOD HEIGHTS, UT 84047

Current Mailing Address:

6995 UNION PARK CTR #200
COTTONWOOD HEIGHTS, UT 84047 US

FEI Number: 26-4343123

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NATIONAL REGISTERED AGENTS, INC.
2075 CENTRE POINTE BLVD
STE 101
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: HIEDI LIESCH

12/06/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name ROBBINS, ALLISON
Address 6995 UNION PARK CTR #200
City-State-Zip: COTTONWOOD HEIGHTS UT 84047

Title CEO, DIRECTOR
Name CIGARRAN, CHRIS
Address 6995 UNION PARK CENTER
STE 200
City-State-Zip: COTTONWOOD HEIGHTS UT 84047

Title DIRECTOR
Name MULTANI, ARNEEK
Address 505 HAMILTON AVE
STE 200
City-State-Zip: PALO ALTO CA 94301

Title CFO
Name HILTON, MICHELE
Address 6995 UNION PARK CENTER
STE 200
City-State-Zip: COTTONWOOD HEIGHTS UT 84047

Title DIRECTOR
Name REARDON, JOHN
Address 505 HAMILTON AVE
STE 200
City-State-Zip: PALO ALTO CA 94301

Title DIRECTOR
Name GRUA, PETER
Address 222 BERKELEY ST
#2015
City-State-Zip: BOSTON MA 02116

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: MICHELE HILTON

CFO

12/06/2016

Electronic Signature of Signing Officer/Director Detail

Date