

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F20000003375

**Entity Name:** LANE HEALTH INC

**Current Principal Place of Business:**

440 MONTICELLO AVE PMB 61161  
SUITE 1802  
NORFOLK, VA 23510-2670

**Current Mailing Address:**

PO BOX 57564  
MURRAY, UT 84157 US

**FEI Number:** 84-4131072

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
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 GAMBILL, BRAD  
Address 1617 JFK BLVD  
SUITE 2037  
City-State-Zip: PHILADELPHIA PA 19103

Title PRESIDENT  
Name GAMBILL, BRADLEY  
Address 1617 JFK BLVD  
SUITE 2037  
City-State-Zip: PHILADELPHIA PA 19103

Title DIRECTOR  
Name SCHIFF, EDWARD  
Address 1617 JFK BLVD  
SUITE 2037  
City-State-Zip: PHILADELPHIA PA 19103

Title SECRETARY, TREASURER  
Name EDWARDS, MORGAN  
Address 146 OLD STUDIO ROAD  
City-State-Zip: NEW CANAAN CT 06840

*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:** BRADLEY GAMBILL

**PRESIDENT**

**02/05/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date