

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F21000000237

Entity Name: SILVERCLOUD HEALTH INC.**Current Principal Place of Business:**50 MILK ST
FL 16
BOSTON, MA 02109**Current Mailing Address:**50 MILK ST
FL 16
BOSTON, MA 02109 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT 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	CHAIRMAN OF THE BOARD, DIRECTOR, PRESIDENT
Name	CAHILL, KEN
Address	50 MILK ST, FL 16
City-State-Zip:	BOSTON MA 02109

Title	COO
Name	KNIGHT, KURT
Address	50 MILK ST, FL 16
City-State-Zip:	BOSTON MA 02109

Title	CFO, SECRETARY
Name	HIGGINS, KEVIN
Address	50 MILK ST, FL 16
City-State-Zip:	BOSTON MA 02109

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: KEVIN HIGGINS**CFO****04/01/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date