No. C 209939		Due no later than May 31, 2018		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		C T CORPORATION SYSTEM			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. FLATIRON HEALTH, INC. 200 FIFTH AVENUE 8TH FLOOR NEW YORK NY 10010		921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter	Names and Busin	ess Addresses of Pr	esident, Secretary, and Directors. Treasure	r (optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
PRESIDENT	NAT TURNE	R	200 FIFTH AVENUE, 8TH FLOOR	NEW YORK	NY	USA	10010
SECRETARY	CRETARY ZACH WEINBERG		200 FIFTH AVENUE, 8TH FLOOR	NEW YORK	NY	USA	10010
TREASURER	EASURER JASON HARINSTEIN		200 FIFTH AVENUE, 8TH FLOOR	NEW YORK	NY	USA	10010
DIRECTOR	IRECTOR DANIEL DAY		200 FIFTH AVENUE, 8TH FLOOR	NEW YORK	NY	USA	10010
DIRECTOR	OR NAT TURNER		200 FIFTH AVENUE, 8TH FLOOR	NEW YORK	NY	USA	10010
DIRECTOR	KRISHNA YE	SHWANT	200 FIFTH AVENUE, 8TH FLOOR	NEW YORK	NY	USA	10010
5. Organized Under the Laws of:		6. Annual Report n					
DE C 209939		Signature: Kelly Lettmann		Date: 04/20/2018			
		Name (type or p	Title: POA				
Processed 04/20/2018	}	* Electronically prov	vided signatures are accepted as original si	gnatures.			