



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Business Corp
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2017

1. Corporate ID No. 000816681

2. Name of Corporation ASSUREX HEALTH, INC.

3. Street Address Principal Business Office:

No. and Street: 6960 CINTAS BLVD
City or Town: MASON State: OH Zip: 45040 Country: USA

5. State of Incorporation

State: DE

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

621511

6. Brief Description of the Character of Business Conducted in Rhode Island

MARKETING OF CLINICAL DIAGNOSTIC TESTING CONDUCTED IN MASON OHIO

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MARK VERRATTI	6960 CINTAS BLVD MASON, OH 45040 USA
SECRETARY	RICHARD MARSH	320 WAKARA WAY SALT LAKE CITY, UT 84108 USA
CFO	RICHARD BRYAN RIGGSBEE	320 WAKARA WAY SALT LAKE CITY, UT 84108 USA
DIRECTOR	MARK CAPONE	320 WAKARA WAY SALT LAKE CITY, UT 84108 USA

DIRECTOR	RICHARD BRYAN RIGGSBEE	320 WAKARA WAY SALT LAKE CITY, UT 84108 USA
DIRECTOR	MARK VERRATTI	6960 CINTAS BLVD MASON, OH 45040 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
PWP	A	\$0.0000	5,160,725.00	0
PWP	B	\$0.0000	13,998,351.00	0
PWP	C	\$0.0000	4,635,035.00	0
CWP		\$0.0000	40,502,850.00	1000
PWP	D	\$0.0000	5,550,775.00	0

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 26 Day of March, 2018 at 4:46:22 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By RICHARD M. MARSH
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

March 26, 2018 04:47 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

