

**2020 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M08000002273

**Entity Name:** URGENT CARE MSO, LLC

**Current Principal Place of Business:**

423 FORTRESS BLVD.  
MORGANTOWN, WV 26508

**Current Mailing Address:**

423 FORTRESS BLVD.  
MORGANTOWN, WV 26508 US

**FEI Number:** 26-3667220

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
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

**Authorized Person(s) Detail :**

Title SECRETARY  
Name BELL, JONATHAN [NMN]  
Address 423 FORTRESS BLVD.  
City-State-Zip: MORGANTOWN WV 26508

Title MANAGER  
Name URGENT CARE HOLDINGS, INC.  
Address 423 FORTRESS BLVD.  
City-State-Zip: MORGANTOWN WV 26508

Title TREASURER  
Name GILL, PETER MARSHALL  
Address 423 FORTRESS BLVD.  
City-State-Zip: MORGANTOWN WV 26508

Title PRESIDENT  
Name HATCHER, DEAN DAVID  
Address 423 FORTRESS BLVD.  
City-State-Zip: MORGANTOWN WV 26508

Title CHAIRMAN  
Name ALDERMAN, M.D., FRANK W.  
Address 423 FORTRESS BLVD.  
City-State-Zip: MORGANTOWN WV 26508

Title CEO  
Name WALKER, JONATHAN ROYCE  
Address 423 FORTRESS BLVD.  
City-State-Zip: MORGANTOWN WV 26508

Title ASSISTANT SECRETARY  
Name LANG, HEATHER ANASTASIA  
Address 423 FORTRESS BLVD.  
City-State-Zip: MORGANTOWN WV 26508

Title VP  
Name STUCHELL, BRYAN K. M.D.  
Address 423 FORTRESS BLVD.  
City-State-Zip: MORGANTOWN WV 26508

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** HEATHER ANASTASIA LANG

**ASSISTANT SECRETARY** 08/25/2020

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date