

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000003957

**Entity Name:** HIGHLANDS RANCH HEALTHCARE, LLC

**Current Principal Place of Business:**

423 FORTRESS BLVD.  
MORGANTOWN, WV 26508

**Current Mailing Address:**

423 FORTRESS BLVD.  
MORGANTOWN, WV 26508

**FEI Number:** 84-1472832

**Certificate of Status Desired:** No

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

C T 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

**Authorized Person(s) Detail :**

Title MEMBER, MANAGER  
Name URGENT CARE MSO, LLC  
Address 423 FORTRESS BLVD.  
City-State-Zip: MORGANTOWN WV 26508

Title ASSISTANT SECRETARY  
Name LANG, HEATHER ANASTASIA  
Address 9900 BREN ROAD EAST  
City-State-Zip: MINNETONKA MN 55343

*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 03/27/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date