

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000001169

Entity Name: NATIONAL URGENT CARE HOLDINGS, INC.**Current Principal Place of Business:**115 EAST PARK DRIVE
300
BRENTWOOD, TN 37027**Current Mailing Address:**115 EAST PARK DRIVE
300
BRENTWOOD, TN 37027 US**FEI Number:** 45-4805957**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**Officer/Director Detail :**Title DIRECTOR
Name GOLINKIN, WEBSTER F.
Address 115 EAST PARK DRIVE
300
City-State-Zip: BRENTWOOD TN 37027Title CEO/ P
Name GOLINKIN, WEBSTER F
Address 115 EAST PARK DRIVE
300
City-State-Zip: BRENTWOOD TN 37027Title S
Name KAM, LAURA
Address 115 EAST PARK DRIVE
300
City-State-Zip: BRENTWOOD TN 37027Title CFO/ T
Name MURPHY, DANIEL
Address 115 EAST PARK DRIVE
300
City-State-Zip: BRENTWOOD TN 37027Title COO
Name BARRERA, DANIELLE
Address 115 EAST PARK DRIVE
300
City-State-Zip: BRENTWOOD TN 37027

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: LAURA KAM**SECRETARY****02/06/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date