

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000001169

Entity Name: NATIONAL URGENT CARE HOLDINGS, INC.**Current Principal Place of Business:**10151 DEERWOOD PARK BLVD.
BUILDING 400 SUITE 200
JACKSONVILLE, FL 32256**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	CEO
Name	GINTER , SHAUN
Address	10151 DEERWOOD PARK BLVD. BUILDING 400 SUITE 200
City-State-Zip:	JACKSONVILLE FL 32256

Title	SECRETARY
Name	GEISSBUHLER, MANDYLYNN
Address	10151 DEERWOOD PARK BLVD. BUILDING 400 SUITE 200
City-State-Zip:	JACKSONVILLE FL 32256

Title	CFO
Name	MOHAMED , WAEL
Address	10151 DEERWOOD PARK BLVD. BUILDING 400 SUITE 200
City-State-Zip:	JACKSONVILLE FL 32256

Title	COO
Name	WALSH , RICHARD
Address	10151 DEERWOOD PARK BLVD. BUILDING 400 SUITE 200
City-State-Zip:	JACKSONVILLE FL 32256

Title	OTHER
Name	COYNE, FRAN
Address	10151 DEERWOOD PARK BLVD. BUILDING 400 SUITE 200
City-State-Zip:	JACKSONVILLE FL 32256

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: SHAUN GINTER

CEO

03/27/2024

Electronic Signature of Signing Officer/Director Detail

Date