

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000004505

Entity Name: ABOUT HEALTHCARE, INC.**Current Principal Place of Business:**370 WABASHA ST N STE 1100
SAINT PAUL, MN 55102**Current Mailing Address:**370 WABASHA ST N STE 1100
SAINT PAUL, MN 55102 US**FEI Number:** 20-2352899**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:** MICHELE HOLDEN, ASSISTANT SECRETARY

03/28/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TREASURER/CFO
Name	BOSLER, ERIC
Address	370 WABASHA ST N STE 1100
City-State-Zip:	SAINT PAUL MN 55102

Title	DIRECTOR
Name	SHOEMAKER, JONATHAN
Address	370 WABASHA ST N STE 1100
City-State-Zip:	SAINT PAUL MN 55102

Title	PRESIDENT/CEO
Name	SHOEMAKER, JONATHAN
Address	370 WABASHA ST N STE 1100
City-State-Zip:	SAINT PAUL MN 55102

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: JONATHAN SHOEMAKER

PRESIDENT/CEO

03/28/2025

Electronic Signature of Signing Officer/Director Detail

Date