

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000002891

Entity Name: UNITED ENERGY WORKERS HEALTHCARE, CORP**Current Principal Place of Business:**614 E MAIN ST, STE C
RIVERTON, WY 82501**Current Mailing Address:**614 E MAIN ST, STE C
RIVERTON, WY 82501 US**FEI Number:** 46-3799299**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCRP SERVICES, INC.
17888 67TH CT N
LOXAHATCHEE, FL 33470 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:** CHRISTOPHER RUSSELL

04/30/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name FALLS, JOHN
Address 614 E MAIN ST, STE C
City-State-Zip: RIVERTON WY 82501

Title CEO, DIRECTOR
Name SHUMWAY, CHAD
Address 614 E MAIN ST, STE C
City-State-Zip: RIVERTON WY 82501

Title TREASURER
Name THOMSON, BJ
Address 614 E MAIN ST, STE C
City-State-Zip: RIVERTON WY 82501

Title VP, COO
Name PETERSON, STEPHANIE
Address 614 E MAIN ST, STE C
City-State-Zip: RIVERTON WY 82501

Title SECRETARY, DIRECTOR
Name SHUMWAY, TRAVIS
Address 614 E MAIN ST, STE C
City-State-Zip: RIVERTON WY 82501

Title SECRETARY, DIRECTOR
Name CRABB, LOWELL
Address 614 E MAIN ST, STE C
City-State-Zip: RIVERTON WY 82501

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: STEPHANIE PETERSON

COO

04/30/2022

Electronic Signature of Signing Officer/Director Detail

Date