

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F22000007060

Entity Name: EVOLVE HEALTHCARE, INC.

Current Principal Place of Business:

4800 SOUTHPOINT PARKWAY
FREDERICKSBURG, VA 22407

Current Mailing Address:

4800 SOUTHPOINT PARKWAY
FREDERICKSBURG, VA 22407 US

FEI Number: 87-4639618

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC
7901 4TH ST N STE 300
ST PETERSBURG, FL 33702 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 P
Name RICHIE, WALTER
Address 4800 SOUTHPOINT PARKWAY
City-State-Zip: FREDERICKSBURG VA 22407

Title VP
Name SCHWARTZ, TIMOTHY
Address 4800 SOUTHPOINT PARKWAY
City-State-Zip: FREDERICKSBURG VA 22407

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: WALTER RICHIE

PRESIDENT

03/03/2023

Electronic Signature of Signing Officer/Director Detail

Date