2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F23000005227

Entity Name: THYME CARE, INC.

Current Principal Place of Business:

501 GREAT CIRCLE ROAD 3RD FLOOR NASHVILLE, TN 37228

Current Mailing Address:

501 GREAT CIRCLE ROAD 3RD FLOOR NASHVILLE, TN 37228 US

FEI Number: 85-2778976

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

Officer/Director Detail :

TitleCHAIRMAN OF THE BOARDTitleDIRECTORNameSHAH, ROBINNameAGARWALA, VINAddress501 GREAT CIRCLE ROAD 3RD FLOORAddress501 GREAT CIRCLECity-State-Zip:NASHVILLE TN 37228City-State-Zip:NASHVILLE TNTitleDIRECTORTitleDIRECTORNameFARGNOLI, BRENTONNameGARIPALLI, VIN	CIRCLE ROAD
Address501 GREAT CIRCLE ROAD 3RD FLOORAddress501 GREAT CIRC 3RD FLOORCity-State-Zip:NASHVILLE TN 37228City-State-Zip:NASHVILLE TNTitleDIRECTORTitleDIRECTOR	CIRCLE ROAD
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Name FARGNOLI, BRENTON Name GARIPALLI, VIVE	
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City-State-Zip: NASHVILLE TN 37228 City-State-Zip: NASHVILLE TN	TN 37228
Title DIRECTOR Title DIRECTOR	
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Name GREEN, BOBBY Name SINGH, PUNEET	
	VIRCLE ROAD
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NameGREEN, BOBBYNameSINGH, PUNEETAddress501 GREAT CIRCLE ROAD 3RD FLOORAddress501 GREAT CIRCLE 3RD FLOORCity-State-Zip:NASHVILLE TN 37228City-State-Zip:NASHVILLE TNTitlePRESIDENT/CEOTitleSECRETARY	TN 37228
City-State-Zip: NASHVILLE TN 37228 City-State-Zip: NASHVILLE TN	

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: ROBIN SHAH

PRESIDENT/CEO

04/10/2024

Date

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No