

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000076359

Entity Name: NATIONAL URGENT CARE, INC.

Current Principal Place of Business:

1445 ROSS AVE
SUITE 1400
DALLAS, TX 75202

Current Mailing Address:

1445 ROSS AVE
SUITE 1400
DALLAS, TX 75202 US

FEI Number: 20-2909749

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 | P | Title | S |
| Name | RABE, DOUGLAS E. | Name | MACK, KRISTINA A |
| Address | 1445 ROSS AVE SUITE 1400 | Address | 1445 ROSS AVE SUITE 1400 |
| City-State-Zip: | DALLAS TX 75202 | City-State-Zip: | DALLAS TX 75202 |
| | | | |
| Title | TREASURER, DIRECTOR | | |
| Name | SNYDER, JAMES E III | | |
| Address | 1445 ROSS AVE SUITE 1400 | | |
| City-State-Zip: | DALLAS TX 75202 | | |

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: KRISTINA A. MACK

SECRETARY

04/02/2019

Electronic Signature of Signing Officer/Director Detail

Date