## Commonwealth of Kentucky Michael G. Adams, Secretary of St

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|--|--|--|------------------|--|
| Michael G.<br>Secretary<br>P. O. Bo:<br>Frankfort, KY<br>(502) 564<br>http://www.s | of State<br>x 1150<br>40602-1150<br>4-3490 | Annual Report<br>Online Filing<br>For the Year 2024              | ARP              |  |
| Company:<br>Company ID:  | Evergree<br>1067609                        | en Healthcare Partners, Inc.                                     |                  |  |
| State of origin:   |  | Delaware   |                  |  |
| Formation date:  |  | 8/8/2019 12:00:00 AM   |                  |  |
| Date filed:  |  |  |                  |  |
| Fee:   | \$15.00                                    |  |                  |  |
| Principal Office   |  |  |                  |  |
| 6720 Flw Ave Ste   |  | TED WE SALA  |                  |  |
| Middleton, WI 535  | 562  |  |                  |  |
| Registered Agen<br>Corporation Servic<br>421 W Main St<br>Frankfort, KY 406        | e Company                                  |  |                  |  |
| Current Officers   |  |  |                  |  |
| President  | Drew Madden                                |  |                  |  |
| Vice President   | Rebecca Bottorff                           | ottorff 6720 Frank Lloyd Wright Ave, Ste 200 Middleton, WI 53562 |                  |  |
| Directors  | 66   |  |                  |  |
| Director   | Drew Madden                                | 6720 Frank Lloyd Wright Ave, Ste 200 Mid                         | dleton, WI 53562 |  |
|  |  | 1900 at 689 53/  |                  |  |
| County:  |  | Campbell   |                  |  |
| Business size:   | Large                                      |  |                  |  |
| Business type:   | Busin                                      | Business Services  |                  |  |
| Signatures   |  |  |                  |  |
| Signature  | Drew Ma                                    | adden  |                  |  |
| Title  | Presider                                   | nt   |                  |  |
|  |  |  |                  |  |