

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V58206

Entity Name: CENTERWELL SENIOR PRIMARY CARE (FL), INC.

Current Principal Place of Business:

500 W. MAIN STREET
LOUISVILLE, KY 40202

Current Mailing Address:

500 W. MAIN STREET
LOUISVILLE, KY 40202 US

FEI Number: 59-3164234

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 VP, TREASURER
Name BAILEY, ALAN JAMES
Address 500 W. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR
Name BROUSSARD, BRUCE DALE
Address 500 W. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT, TAX
Name ROBINSON, DONALD HANK
Address 500 W. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title ASSOCIATE VICE PRESIDENT,
ASSISTANT GENERAL COUNSEL,
SECRETARY
Name RUSCHELL, JOSEPH MATTHEW
Address 500 W. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR, PRESIDENT
Name BUCKINGHAM, RENEE J
Address 500 W. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR
Name FLEMING, WILLIAM K
Address 500 W. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

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: DONALD HANK ROBINSON

**SENIOR VICE
PRESIDENT, TAX**

04/19/2022

Electronic Signature of Signing Officer/Director Detail

Date