

**2018 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# J27769

**FILED**  
**Oct 17, 2018**  
**Secretary of State**  
**CC8805174414**

**Entity Name:** CONTINUCARE CORPORATION

**Current Principal Place of Business:**

500 W. MAIN STREET  
LOUISVILLE, KY 40202

**Current Mailing Address:**

500 WEST MAIN STREET  
LOUISVILLE, KY 40202 US

**FEI Number:** 59-2716023

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:** SHERYL A. GIBBS, ASST. SECRETARY

10/17/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VICE PRESIDENT, TREASURY  
Name BAILEY, ALAN J  
Address 500 W. MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

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

Title SENIOR VICE PRESIDENT,  
ASSOCIATE GENERAL COUNSEL &  
CORPORATE SECRETARY  
Name VENTURA, JOSEPH C.  
Address 500 W. MAIN STREET, 21ST FLOOR  
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR  
Name BROUSSARD, BRUCE D.  
Address 500 W. MAIN STREET, C/O LAW  
DEPARTMENT  
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT  
Name WILSON, RALPH M.  
Address 500 W. MAIN STREET, 21ST FLOOR  
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR & CHIEF MEDICAL  
OFFICER  
Name BEVERIDGE, ROY  
Address 500 W MAIN ST.  
City-State-Zip: LOUISVILLE KY 40202

Title CFO  
Name KANE, BRIAN  
Address 500 W. MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

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

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*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:** JOSEPH C. VENTURA

SVP, ASSOCIATE  
GENERAL COUNSEL AND  
CORPORATE  
SECRETARY

10/17/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            VICE PRESIDENT - FINANCE  
Name            KUHN, JENNIFER  
Address         500 W. MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202