2013 FLORIDA PROFIT CORPORATION AMENDED A	NNUAL REPORT

DOCUMENT# J27769

Entity Name: CONTINUCARE CORPORATION

Current Principal Place of Business:

500 W. MAIN STREET, 21ST FLOOR LOUISVILLE, KY 40202

Current Mailing Address:

P.O. BOX 740026 TAX DEPARTMENT LOUISVILLE, KY 40201-7426 US

FEI Number: 59-2716023

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	/	03/14/201
	Electronic Signature of Registered Agent		Date
Officer/Dire	ctor Detail :		
Title	CEO	Title	PRESIDENT
Name	BARGER, JOHN E. III	Name	PERKINS, BRUCE D.
Address	500 W. MAIN STREET, 21ST FLOOR	Address	500 W. MAIN STREET, C/O LAW DEPARTMENT
City-State-Zip:	LOUISVILLE KY 40202	City-State-Zip:	
Title	DIRECTOR, SENIOR VP, CFO, TREASURER	Title	VP
Name	BLOEM, JAMES H.	Name	BAUERNFEIND, GEORGE G.
Address	500 W. MAIN STREET, C/O LAW DEPARTMENT	Address	
City-State-Zip:	LOUISVILLE KY 40202	City-State-Zip:	LOUISVILLE KY 40201-7426
Title	VP AND CORPORATE SECRETARY	Title Name	
Name	LENAHAN, JOAN O.		
Address	500 W. MAIN STREET, 21ST FLOOR	Address	500 W. MAIN STREET, 21ST FLOOR
City-State-Zip:	LOUISVILLE KY 40202	City-State-Zip:	LOUISVILLE KY 40202
		Title	DIRECTOR
Title	DIRECTOR	Name	MURRAY, JAMES E.
Name	BROUSSARD, BRUCE D.	Address	500 W. MAIN STREET, C/O LAW
Address	500 W. MAIN STREET, C/O LAW DEPARTMENT	City Chata 7	
City-State-Zip:	LOUISVILLE KY 40202	City-State-Zip:	LOUISVILLE KY 40202

Continues on page 2

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: GEORGE G. BAUERNFEIND

VICE PRESIDENT

03/14/2013

Electronic Signature of Signing Officer/Director Detail

FILED Mar 14, 2013 Secretary of State CC6794726024

Certificate of Status Desired: No

Date

Officer/Director Detail Continued :

Title	SENIOR VP	Title	SENIOR VP
Name	KUSSEROW, PAUL B.	Name	LECLAIRE, BRIAN P.
Address	500 W. MAIN STREET, 21ST FLOOR	Address	500 W. MAIN STREET, 21ST FLOOR
City-State-Zip:	LOUISVILLE KY 40202	City-State-Zip:	LOUISVILLE KY 40202
Title	VP	Title	VP
Title Name	VP LAMBERT, CHARLES F. III	Title Name	VP WILSON, RALPH M.