## 2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J27769

**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 04/23/2019

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Address

VICE PRESIDENT AND TREASURER Title Title SENIOR VICE PRESIDENT, TAX

BAILEY, ALAN J Name Name ROBINSON, D HANK 500 W MAIN STREET Address 500 W. MAIN STREET Address LOUISVILLE KY 40202 LOUISVILLE KY 40202 City-State-Zip: City-State-Zip:

Title DIRECTOR Title SENIOR VICE PRESIDENT, DEPUTY

**GENERAL COUNSEL & CORPORATE** Name BROUSSARD, BRUCE D. **SECRETARY** 

Address Name NEWMAN, C BROOKS

500 W. MAIN STREET, C/O LAW **DEPARTMENT** 

500 W. MAIN STREET, 21ST FLOOR

City-State-Zip: LOUISVILLE KY 40202 City-State-Zip: LOUISVILLE KY 40202

Title **DIRECTOR** 

Title VICE PRESIDENT Name FLEMING. WILLIAM K Name WILSON, RALPH M. Address

500 W MAIN ST. Address 500 W. MAIN STREET, 21ST FLOOR

City-State-Zip: LOUISVILLE KY 40202

City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR, PRESIDENT Title CFO Name

BUCKINGHAM, RENEE J Name KANE, BRIAN Address 500 W. MAIN STREET

Address 500 W. MAIN STREET LOUISVILLE KY 40202 City-State-Zip:

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: D. HANK ROBINSON

04/23/2019 SENIOR VICE PRESIDENT

Electronic Signature of Signing Officer/Director Detail

Date

**FILED** Apr 23, 2019

**Secretary of State** 

6986664402CC

## Officer/Director Detail Continued:

Title VICE PRESIDENT - FINANCE Title VICE PRESIDENT

Name KUHN, JENNIFER Name EDWARDS, DOUGLAS A

Address 500 W. MAIN STREET Address 500 W. MAIN STREET

City-State-Zip: LOUISVILLE KY 40202 City-State-Zip: LOUISVILLE KY 40202