

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J27769

FILED
Apr 04, 2016
Secretary of State
CC4490042944

Entity Name: CONTINUCARE CORPORATION

Current Principal Place of Business:

500 W. MAIN STREET
LOUISVILLE, KY 40202

Current Mailing Address:

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

04/04/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name RYU, JAEWON
Address 500 W. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title TREASURER
Name BAILEY, ALAN
Address 500 W. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

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

Title VP AND CORPORATE SECRETARY
Name LENAHAN, JOAN O.
Address 500 W. MAIN STREET, 21ST FLOOR
City-State-Zip: LOUISVILLE KY 40202

Title ASST. 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 DIRECTOR
Name MURRAY, JAMES E.
Address 500 W. MAIN STREET, C/O LAW
DEPARTMENT
City-State-Zip: LOUISVILLE KY 40202

Title VP
Name WILSON, RALPH M.
Address 500 W. MAIN STREET, 21ST FLOOR
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: HANK ROBINSON

VICE PRESIDENT

04/04/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title SENIOR VICE PRESIDENT AND CHIEF
INFORMATION OFFICER
Name LECLAIRE, BRIAN
Address 500 W. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT AND CHIEF COMPLIANCE
OFFICER
Name CATRON, JOHN GREGORY
Address 500 W. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

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

Title VICE PRESIDENT
Name QUINTANA, DARIEL
Address 500 W. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT AND CHIEF ACCOUNTING
OFFICER
Name ZIPPERLE, CYNTHIA
Address 500 W. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

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

Title SENIOR MEDICAL DIRECTOR
Name GINORY, M.D., ALFREDO
Address 500 W. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SEGMENT VICE PRESIDENT AND
PRESIDENT, CLINICAL CARE
SERVICES
Name CONNOLLY, MARSDEN
Address 500 W. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT - INVESTMENT
MANAGEMENT
Name PRESTON, WILLIAM MARK
Address 500 W. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT
Name ROSELLO, GEMMA M
Address 500 W. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202