## 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000087933

Entity Name: M-SAC, INC.

**Current Principal Place of Business:** 

500 WEST MAIN STREET LOUISVILLE. KY 40202

**Current Mailing Address:** 

500 WEST MAIN STREET LOUISVILLE, KY 40202 US

FEI Number: 20-5123865 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324 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: SALVINA AMENTA-GRAY, VICE PRESIDENT

03/12/2024

FILED Mar 12, 2024

**Secretary of State** 

2896124660CC

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title **CFO** Title PRESIDENT, HOME HEALTH BENOIT, SUSAN ELIZABETH Name DIAMOND, SUSAN MARIE Name 500 WEST MAIN STREET Address 500 WEST MAIN STREET Address LOUISVILLE KY 40202 LOUISVILLE KY 40202 City-State-Zip: City-State-Zip:

Title AUTHORIZED SIGNATORY, LICENSURE AND CERTIFICATION Title

VP, ASSOCIATE GENERAL COUNSEL

AND CORPORATE SECRETARY

Name NICHOLS, JOHN

Name

RUSCHELL, JOSEPH MATTHEW

Address 500 WEST MAIN STREET

Address

500 WEST MAIN STREET

City-State-Zip: LOUISVILLE KY 40202

City-State-Zip:

LOUISVILLE KY 40202

Title DIRECTOR

Title Name DIRECTOR
DIAMOND. SUSAN MARIE

Name BENOIT, SUSAN ELIZABETH
Address 500 WEST MAIN STREET

Address

500 WEST MAIN STREET

City-State-Zip: LOUISVILLE KY 40202

City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR

Title

VICE PRESIDENT & TREASURER MARCOUX, JR., ROBERT MARTIN

Name RUSCHELL, JOSEPH MATTHEW

Name Address

500 WEST MAIN STREET

Address 500 WEST MAIN STREET

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: DANIEL KEVIN FELD

TAX DIRECTOR

03/12/2024

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title TAX DIRECTOR Title

SENIOR VICE PRESIDENT, ENTERPRISE ASSOCIATE & BUSINESS SOLUTIONS Name FELD, DANIEL KEVIN

Address 500 WEST MAIN STREET EDWARDS, DOUGLAS ALLEN Name

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