

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000005486

**FILED**  
**Apr 14, 2016**  
**Secretary of State**  
**CC9834920570**

**Entity Name:** CENTURION MANAGED CARE OF FLORIDA, LLC

**Current Principal Place of Business:**

7700 FORSYTH BOULEVARD  
SUITE 800  
ST. LOUIS, MO 63105

**Current Mailing Address:**

7700 FORSYTH BOULEVARD  
SUITE 800  
ST. LOUIS, MO 63105 US

**FEI Number:** 90-0766502

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           CAMPBELL, JOHN  
Address        7700 FORSYTH BOULEVARD  
                  SUITE 800  
City-State-Zip: ST. LOUIS MO 63105

Title           MANAGER  
Name           HARROLD, JASON M.  
Address        7700 FORSYTH BOULEVARD  
                  SUITE 800  
City-State-Zip: ST. LOUIS MO 63105

Title           MANAGER  
Name           HUNTER, JESSE N.  
Address        7700 FORSYTH BOULEVARD  
                  SUITE 800  
City-State-Zip: ST. LOUIS MO 63105

Title           MANAGER  
Name           IMHOLZ, DONALD G.  
Address        7700 FORSYTH BOULEVARD  
                  SUITE 800  
City-State-Zip: ST. LOUIS MO 63105

Title           MANAGER  
Name           MURRAY, CAMERON  
Address        7700 FORSYTH BOULEVARD  
                  SUITE 800  
City-State-Zip: ST. LOUIS MO 63105

Title           MANAGER  
Name           PINKERT, MICHAEL  
Address        7700 FORSYTH BOULEVARD  
                  SUITE 800  
City-State-Zip: ST. LOUIS MO 63105

Title           MANAGER  
Name           WHEELER, STEVE  
Address        7700 FORSYTH BOULEVARD  
                  SUITE 800  
City-State-Zip: ST. LOUIS MO 63105

Title           VP OF TAX  
Name           DINKELMAN, TRICIA  
Address        7700 FORSYTH BOULEVARD  
                  SUITE 800  
City-State-Zip: ST. LOUIS MO 63105

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TRICIA DINKELMAN

**VP OF TAX**

**04/14/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date