

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000005486

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

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

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

Title MANAGER  
Name LUEKING, KEITH  
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 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

*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

MANAGER OF TAX

04/13/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date