

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000005486

Entity Name: CENTURION MANAGED CARE OF FLORIDA, LLC

Current Principal Place of Business:

1593 SPRING HILL ROAD
VIENNA, VA 22182

Current Mailing Address:

7700 FORSYTH BOULEVARD
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 JOHNSON, DEANNA
Address 1593 SPRING HILL ROAD
City-State-Zip: VIENNA VA 22182

Title MANAGER
Name TONEY, COLIN
Address 7700 FORSYTH BOULEVARD
City-State-Zip: ST. LOUIS MO 63105

Title MANAGER
Name LUEKING, KEITH
Address 7700 FORSYTH BOULEVARD
City-State-Zip: ST. LOUIS MO 63105

Title MANAGER
Name THOMAS, DAVID
Address 1593 SPRING HILL ROAD
City-State-Zip: VIENNA VA 22182

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

Title MANAGER
Name WESCHKE, CHARLES
Address 1593 SPRING HILL ROAD
City-State-Zip: VIENNA VA 22182

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

VICE PRESIDENT, TAX

04/26/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date