2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2022
Secretary of State
0058253182CC

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Entity Name: LACUNA HEALTH, LLC

Current Principal Place of Business:

680 S 4TH ST
LOUISVILLE, KY 40202

Current Mailing Address:

680 S 4TH ST
LOUISVILLE, KY 40202 US

FEI Number: 82-3434344

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	HOLZER, M.D. BRIAN
Address	680 S 4TH ST
City-State-Zip:	LOUISVILLE KY 40202

Title	MANAGER
Name	APHOLT, JOHN
Address	680 S 4TH ST
City-State-Zip:	LOUISVILLE KY 40202

Title	MANAGER
Name	GROOMS, J. MICHAEL
Address	680 S 4TH ST
City-State-Zip:	LOUISVILLE KY 40202

Title	MANAGER
Name	MONTE, CHRISTOPHER J.
Address	680 S 4TH ST
City-State-Zip:	LOUISVILLE KY 40202

Title	MANAGER
Name	LAWRENCE, CHARLOTTE
Address	680 S 4TH ST
City-State-Zip:	LOUISVILLE KY 40202

Title	MANAGER
Name	DILLON, TERRANCE K.
Address	680 S 4TH ST
City-State-Zip:	LOUISVILLE KY 40202

Title	TREASURER
Name	GROOMS, J. MICHAEL
Address	680 S 4TH ST
City-State-Zip:	LOUISVILLE KY 40202

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: GROOMS , J. MICHAEL TREASURER 03/26/2022

Electronic Signature of Signing Authorized Person(s) Detail — Date