2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2024
Secretary of State
9871229290CC

DOCUMENT# M23000013043

Entity Name: ABODE CARE PARTNERS AL VB, LLC

Current Principal Place of Business:

805 N. WHITTINGTON PKWY., STE. 400
LOUISVILLE, KY 40222

Current Mailing Address:

805 N. WHITTINGTON PKWY., STE. 400
LOUISVILLE, KY 40222 US

FEI Number: 27-2199640

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	SECRETARY	Title	TREASURER
Name	BROWN, ALLISON L	Name	PHIPPS, JENNIFER A
Address	805 N. WHITTINGTON PKWY., STE. 400	Address	805 N. WHITTINGTON PKWY., STE. 400
City-State-Zip:	LOUISVILLE KY 40222	City-State-Zip:	LOUISVILLE KY 40222
Title	MANAGER	Title	CMO
Name	SHC MEDICAL PARTNERS, LLC	Name	NAZIR, ARIF
Address	805 N. WHITTINGTON PKWY., STE. 400	Address	805 N. WHITTINGTON PKWY., STE. 400
City-State-Zip:	LOUISVILLE KY 40222	City-State-Zip:	LOUISVILLE KY 40222
Title	VICE PRESIDENT OF FINANCE	Title	PRESIDENT
Name	BROWNING, KYLE	Name	MILLS, WILLIAM R M.D.
Address	805 N. WHITTINGTON PKWY., STE. 400	Address	805 N. WHITTINGTON PKWY., STE. 400
City-State-Zip:	LOUISVILLE KY 40222	City-State-Zip:	LOUISVILLE KY 40222

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: ALLISON L. BROWN SECRETARY 04/24/2024

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