

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005983

Entity Name: CORRECTCARE-INTEGRATED HEALTH, INC.

FILED
Jan 07, 2021
Secretary of State
4101922672CC

Current Principal Place of Business:

1218 SOUTH BROADWAY
SUITE 250
LEXINGTON, KY 40504

Current Mailing Address:

1218 SOUTH BROADWAY
SUITE 250
LEXINGTON, KY 40504 US

FEI Number: 31-1491074

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR STE A
TALLAHASSEE, FL 32301 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

Officer/Director Detail :

Title CEO
Name BAXTER, ANTHONY Q
Address 154 EAST BELL COURT
City-State-Zip: LEXINGTON KY 40508

Title PRES
Name GOINS, LINDA
Address 400 OLD VERSAILLES ROAD
City-State-Zip: FRANKFORT KY 40601

Title ST
Name STURGILL, MELISSA F
Address 3425 BRANDON DRIVE
City-State-Zip: LEXINGTON KY 40502

Title D
Name BAXTER, ANTHONY Q
Address 154 E BELL COURT
City-State-Zip: LEXINGTON KY 40508

Title CFO
Name MCCONNELL, SCOTT
Address 2608 CLUBSIDE COURT
City-State-Zip: LEXINGTON KY 40513

Title DIRECTOR
Name HELLEBUSCH, JAN
Address 1218 SOUTH BROADWAY
 SUITE 250
City-State-Zip: LEXINGTON KY 40504

Title COO
Name ENDICOTT, JOSH
Address 533 WOODBINE DRIVE
City-State-Zip: LEXINGTON KY 40503

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MELISSA F. STURGILL

SECRETARY/TREASURER 01/07/2021

Electronic Signature of Signing Officer/Director Detail

Date