

F23 0000003397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

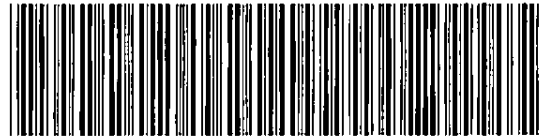
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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CLERK OF STATE
TALLAHASSEE, FLORIDA

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 01/10/2025

Acc#120160000072

en: c Dll

Name:	CenterWell Certified Healthcare Corp.
Document #:	
Order #:	16083135

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

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Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **55.00**

Thank you!

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.150-1, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F23000003397

(Document number of corporation (if known))

1. CENTERWELL CERTIFIED HEALTHCARE CORP.

(Name of corporation as it appears on the records of the Department of State)

2. Delaware

(Incorporated under laws of)

3. 6/7/2023

(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? _____

5. _____
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

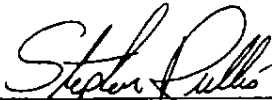
Signature of New Registered Agent, if changing

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9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CFO, Director	Susan Marie Diamond	500 West Main Street	Add
		Louisville, KY 40202	<input checked="" type="checkbox"/> Remove
Vice President, CFO, Home Solutions	Jaclyn M. Murphree	500 West Main Street	<input checked="" type="checkbox"/> Add
		Louisville, KY 40202	<input type="checkbox"/> Remove
Director	Robert M. Marcoux Jr.	500 West Main Street	<input checked="" type="checkbox"/> Add
		Louisville, KY 40202	<input type="checkbox"/> Remove
			Add
			<input type="checkbox"/> Remove
			Add
			<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Stephen Rullis

(Typed or printed name of person signing)

Attorney in Fact

(Title of person signing)

FILING FEE \$35.00

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Power of Attorney

NOTICE IS HEREBY GIVEN THAT Humana Inc. (the "Company"), a Corporation incorporated under the laws of Delaware, does hereby appoint as attorneys-in-fact for the Company (the "Appointees") those individuals who are officers and/or employees of C T Corporation System ("CT") or its agents, (but only for so long as such individuals remain officers and/or employees of CT or an affiliate thereof), to act for the Corporation and affiliates and subsidiaries of the Company (including those attached hereto as Exhibit A), specifically incorporated herein by reference ("the Subsidiaries"), in the Corporation and Subsidiaries' names for the limited purposes authorized herein.

The Company and Subsidiaries, having taken all necessary steps to authorize the changes, hereby grants its attorneys-in-fact the power to execute the documents necessary to file annual reports, annual registrations, license renewals, assumed name filings/renewals, reinstatements, change entities' registered agent and registered office, amend (add, update or remove, as necessary) officers, directors and/or members, and forms of similar import on behalf of the Company and Subsidiaries in any state, the District of Columbia, US Territories and Canada.

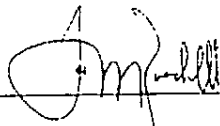
In the execution of any documents necessary for the sole, limited purpose, set forth herein, the Appointees shall be permitted, as applicable, to exercise the power of Vice President, Secretary, Manager, and/or Member.

This Power of Attorney expires when revoked by the Company or Subsidiaries.

IN WITNESS WHEREOF the undersigned have executed this Power of Attorney on the 20th day of December 2024.

Date Month Year

Signature

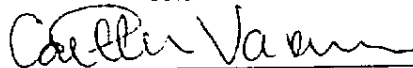


Name, Title Joseph M. Ruschell, Vice President, Associate General Counsel & Corporate Secretary

Sworn to and subscribed before me this 30th day of December 2024

Date Month Year

Signature of Notary



Notary Public, State of

Kentucky
State

Commission Expires:

04/13/2027
M/D/YYYY

(Seal)

