

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M18884

**Entity Name:** CAREPLUS HEALTH PLANS, INC.

**Current Principal Place of Business:**

500 W. MAIN STREET  
LOUISVILLE, KY 40202

**Current Mailing Address:**

500 W. MAIN STREET  
LOUISVILLE, KY 40202 US

**FEI Number:** 59-2598550

**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

**Officer/Director Detail :**

Title            PRESIDENT, CEO AND DIRECTOR  
Name            BROUSSARD , BRUCE  
Address        500 W. MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title            VICE PRESIDENT  
Name            WILSON, RALPH  
Address        500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title            SECRETARY  
Name            SIRA, RUBIO  
Address        500 W. MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title            DIRECTOR  
Name            II GEORGE, RENAUDIN  
Address        500 W. MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title            DIRECTOR  
Name            JOSEPH MATTHEW, RUSCHELL  
Address        500 W. MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title            DIRECTOR  
Name            DANIEL KEVIN, FELD  
Address        500 W. MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title            VICE PRESIDENT AND TREASURER  
Name            ROBERT MARTIN, MARCOUX, JR.,  
Address        500 W. MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title            VP, SECRETARY  
Name            JOSEPH MATTHEW, RUSCHELL  
Address        500 W. MAIN STREET  
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 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:** DANIEL KEVIN , FELD

**DIRECTOR**

**04/29/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date