

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000031690

Entity Name: SENIORBRIDGE FAMILY COMPANIES (FL), 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:** 65-1096853**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS ST
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 VP, TREASURER
Name BAILEY, ALAN J
Address 500 W MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR
Name BROUSSARD, BRUCE D
Address 500 W MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT-TAX
Name ROBINSON, HANK
Address 500 W MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT,
ASSOCIATE GENERAL COUNSEL,
SECRETARY
Name VENTURA, JOSEPH C
Address 500 W MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR
Name DRISCOLL, KATHLEEN M
Address 500 W MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title PRESIDENT
Name ALLEN, KIRK
Address 500 W MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR
Name ALLEN, LLOYD K
Address 500 W MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR
Name PAINTER MD, PHILIP L
Address 500 W MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

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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: HANK ROBINSONSENIOR VICE
PRESIDENT-TAX

02/12/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BEVERIDGE MD, ROY A
Address 500 W MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR
Name FLEMING, WILLIAM K
Address 500 W MAIN STREET
City-State-Zip: LOUISVILLE KY 40202