

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000031690

Entity Name: SENIORBRIDGE FAMILY COMPANIES (FL), INC.**Current Principal Place of Business:**500 WEST MAIN STREET
LOUISVILLE, KY 40202**Current Mailing Address:**500 WEST MAIN STREET
LOUISVILLE, KY 40202 US**FEI Number:** 65-1096853**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	DIRECTOR
Name	ALLEN, LLOYD KIRK
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	SENIOR VICE PRESIDENT, ENTERPRISE ASSOCIATE & BUSINESS SOLUTIONS
Name	EDWARDS, DOUGLAS ALLEN
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	ASSOCIATE VP, TAX
Name	FELD, DANIEL KEVIN
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

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

Title	VP, ASSOCIATE GENERAL COUNSEL AND CORPORATE SECRETARY
Name	RUSCHELL, JOSEPH MATTHEW
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

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

Title	PRESIDENT, HOME SOLUTIONS
Name	ALLEN, LLOYD KIRK
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	DIRECTOR
Name	MARCOUX, ROBERT MARTIN JR.
Address	500 WEST 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

ASSOCIATE VP, TAX

04/07/2025

Electronic Signature of Signing Officer/Director Detail_____
Date