2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2019
Secretary of State
2216801471CC

DOCUMENT# P02000085643

Entity Name: CAC MEDICAL CENTER HOLDINGS, INC.

Current Principal Place of Business:

6101 BLUE LAGOON DRIVE,
SUITE 400
MIAMI, FL 33126

Current Mailing Address:

P.O. BOX 740026
LOUISVILLE, KY 40201 US

FEI Number: 30-0117876

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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	SENIOR VICE PRESIDENT - TAX
Name	ROBINSON, HANK
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	SENIOR VICE PRESIDENT, DEPUTY GENERAL COUNSEL AND CORPORATE SECRETARY
Name	NEWMAN, C BROOKS
Address	500 WEST MAIN STREET C/O LAW DEPARTMENT
City-State-Zip:	LOUISVILLE KY 40202

Title	VICE PRESIDENT & TREASURER
Name	BAILEY, ALAN
Address	500 W. MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	VICE PRESIDENT - FINANCE
Name	KUHN, JENNIFER
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	DIRECTOR AND PRESIDENT
Name	BUCKINGHAM, RENEE J
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	DIRECTOR
Name	BROUSSARD, BRUCE D.
Address	500 W. MAIN STREET C/O LAW DEPARTMENT
City-State-Zip:	LOUISVILLE KY 40202

Title	CFO
Name	KANE, BRIAN
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	VICE PRESIDENT
Name	EDWARDS, DOUGLAS
Address	500 WEST 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 ROBINSON — SENIOR VICE PRESIDENT — 04/23/2019

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	VICE PRESIDENT
Name	WILSON, RALPH M
Address	500 WEST 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