

2024 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P10000087326

Entity Name: AMICUS MEDICAL GROUP, 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: 27-3974953

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT 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: STEVEN RULLIS

01/30/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title CFO, OFFICER
Name DIAMOND, SUSAN MARIE
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR, OFFICER
Name ATKINS, MATT
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

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

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

Title VP, CENTERWELL, OFFICER
Name GALLIFANT, CALEB
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT, DIVISION
PRESIDENT, CARE DELIVERY,
OFFICER
Name GARD, VIVEK M.D.
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Continues on page 2

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: JOSEPH MATTHEW RUSCHELL

DIRECTOR

01/30/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SENIOR VICE PRESIDENT, DIVISION PRESIDENT,
CARE DELIVERY, OFFICER
Name GREENFIELD-LATOUR, CHERI
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

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

Title VP, POPULATION HEALTH ANALYTICS AND
UTILIZATION MANAGMENT SERVICES, OFFICER
Name MORRELL, JOSHUA
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VP, CFO, PRIMARY CARE
ORGANIZATION, OFFICER
Name LINDSAY-JONES, RICHARD
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT, DIVISION
PRESIDENT, CARE DELIVERY.
OFFICER
Name MERIWETHER, KEVIN
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VP, PRIMARY CARE
TRANSFORMATION, OFFICER
Name PABO, ERIKA
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202