

**2024 FLORIDA PROFIT CORPORATION REINSTATEMENT**

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  
1300 CONCORD TERRACE  
SUITE 210  
SUNRISE, FL 33323 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

01/29/2024

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 CFO, OFFICER  
Name DIAMOND, SUSAN MARIE  
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 VP, CENTERWELL, OFFICER  
Name GALLIFANT, CALEB  
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 DIRECTOR, OFFICER  
Name ATKINS, MATT  
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 SENIOR VICE PRESIDENT, DIVISION  
PRESIDENT, CARE DELIVERY,  
OFFICER  
Name GARD, VIVEK M.D.  
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:** JOSEPH MATTHEW RUSCHELL

**DIRECTOR**

01/29/2024

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