

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000005946

**Entity Name:** PARTNERS IN INTEGRATED CARE, INC.

**Current Principal Place of Business:**

6101 BLUE LAGOON DRIVE, 4TH FLOOR  
MIAMI, FL 33126

**Current Mailing Address:**

PO BOX 740026  
LOUISVILLE, KY 40201-7426 US

**FEI Number: 47-2905609**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 BROUSSARD, BRUCE D  
Address 500 W. MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR, PRESIDENT  
Name BUCKINGHAM, RENEE J  
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

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

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

Title VICE PRESIDENT  
Name EDWARDS, DOUGLAS A  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT  
Name WILSON, RALPH M  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT, TAX  
Name ROBINSON, HANK  
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 04/17/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title ASSOCIATED VICE PRESIDENT,  
ASSISTANT GENERAL COUNSEL AND  
CORPORATE SECRETARY  
Name RUSCHELL, JOSEPH M  
Address 500 W. MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202