2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2016
Secretary of State
CC0030398403

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Entity Name: CONTINUCARE MSO, INC.

Current Principal Place of Business:

500 W. MAIN STREET
LOUISVILLE, KY 40202

Current Mailing Address:

P.O. BOX 740026
TAX DEPARTMENT
LOUISVILLE, KY 40201-7426 US

FEI Number: 65-0780986

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	PRESIDENT
Name	RYU, M.D., JD, JAEWON
Address	500 W. MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	VICE PRESIDENT
Name	ROBINSON, HANK
Address	500 W MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	ASST. SECRETARY
Name	VENTURA, JOSEPH C.
Address	500 W. MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	DIRECTOR
Name	MURRAY, JAMES E.
Address	500 W. MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

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

Title	VP AND CORPORATE SECRETARY
Name	LENAHAN, JOAN O.
Address	500 W. MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

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

Title	DIRECTOR, SENIOR VICE PRESIDENT AND CHIEF MEDICAL OFFICER
Name	BEVERIDGE, ROY
Address	500 W. 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: HANK ROBINSON VICE PRESIDENT 04/05/2016

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	SENIOR VICE PRESIDENT AND CHIEF INFORMATION OFFICER
Name	LECLAIRE, BRIAN P.
Address	500 W. MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	SENIOR VICE PRESIDENT AND CHIEF FINANCIAL OFFICER
Name	KANE, BRIAN
Address	500 W. MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	VICE PRESIDENT AND CHIEF COMPLIANCE OFFICER
Name	CATRON, JOHN GREGORY
Address	500 W. MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	VICE PRESIDENT - FINANCE
Name	FERNANDEZ, FERNANDO
Address	500 W. MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	VICE PRESIDENT
Name	QUINTANA, DARIEL
Address	500 W. MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	VICE PRESIDENT AND CHIEF ACCOUNTING OFFICER
Name	ZIPPERLE, CYNTHIA
Address	500 W. MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	VP
Name	WILSON, RALPH M.
Address	500 W. MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	SENIOR MEDICAL DIRECTOR
Name	GINORY, M.D., ALFREDO
Address	500 W. MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	SEGMENT VICE PRESIDENT AND PRESIDENT, CLINICAL CARE SERVICES
Name	CONNOLLY, MARSDEN
Address	500 W. MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	VICE PRESIDENT - INVESTMENT MANAGEMENT
Name	PRESON, WILLIAM MARK
Address	500 W. MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	VICE PRESIDENT
Name	ROSELLO, GEMMA
Address	500 W. MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202