

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000080453

Entity Name: CONTINUCARE MSO, INC.**Current Principal Place of Business:**7200 CORPORATE CENTER DRIVE
SUITE 600
MIAMI, FL 33126**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 - HEALTHCARE
SERVICES SEGMENT
Name FLEMING, WILLIAM K
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 VICE PRESIDENT AND ASSISTANT
CORPORATE SECRETARY
Name VENTURA, JOSEPH C.
Address 500 W. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR AND PRESIDENT
Name JASSER, JOSEPH W
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 LENAHA, 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

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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

VICE PRESIDENT

04/25/2017

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 KUHN, JENNIFER
Address 500 W. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT
Name EDWARDS, DOUGLAS A
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 VICE PRESIDENT
Name JENKINS, ERIC B
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