2018 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 27, 2018
Secretary of State
CC3696740587

DOCUMENT# P98000096189

Entity Name: METCARE OF FLORIDA, INC.

Current Principal Place of Business:

777 YAMATO ROAD
SUITE 510
BOCA RATON, FL 33431

Current Mailing Address:

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

FEI Number: 65-0879131

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: SHERYL A. GIBBS, ASST. SECRETARY 09/27/2018

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

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

Title	SENIOR VICE PRESIDENT, ASSOCIATE GENERAL COUNSEL & CORPORATE SECRETARY
Name	VENTURA, JOSEPH C.
Address	500 W. MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

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

Title	CHIEF FINANCIAL OFFICER
Name	KANE, BRIAN
Address	500 W. 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

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

Title	DIRECTOR, CHIEF MEDICAL OFFICER
Name	BEVERIDGE, M.D., ROY
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

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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 C. VENTURA SVP, CORPORATE SECRETARY, ASSOCIATE GENERAL COUNSEL 09/27/2018

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR, PRESIDENT, HEALTHCARE SERVICES SEGMENT
Name	FLEMING, WILLIAM K
Address	500 W. MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202