

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V58206

Entity Name: CENTERWELL SENIOR PRIMARY CARE (FL), INC.**Current Principal Place of Business:**500 WEST MAIN ST.
LOUISVILLE, KY 40202**Current Mailing Address:**500 WEST MAIN ST.
LOUISVILLE, KY 40202 US**FEI Number:** 59-3164234**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33332 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 DALE
Address	500 W. MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	VP, SECRETARY
Name	RUSCHELL, JOSEPH MATTHEW
Address	500 WEST MAIN ST.
City-State-Zip:	LOUISVILLE KY 40202

Title	DIRECTOR, PRESIDENT
Name	BUCKINGHAM, RENEE JACQUELINE
Address	500 WEST MAIN ST.
City-State-Zip:	LOUISVILLE KY 40202

Title	DIRECTOR
Name	FLEMING, WILLIAM KEVIN
Address	500 WEST MAIN ST.
City-State-Zip:	LOUISVILLE KY 40202

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

VICE PRESIDENT

05/01/2023

Electronic Signature of Signing Officer/Director Detail_____
Date