

2024 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# V58206

Entity Name: CENTERWELL SENIOR PRIMARY CARE (FL), INC.**Current Principal Place of Business:**500 WEST MAIN STREET
LOUISVILLE, KY 40202**Current Mailing Address:**500 WEST MAIN STREET
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, CFO
Name DIAMOND, SUSAN M
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

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

Title DIRECTOR, VP, ASSISTANT GENERAL
COUNSEL AND CORPORATE
SECRETARY
Name RUSCHELL, JOSEPH M
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VP, INTEGRATION &
TRANSFORMATION
Name ADKINS, MATT
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title ASSOCIATE VP, TAX
Name FELD, DANIEL KEVIN
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT,
ENTERPRISE ASSOCIATE &
BUSINESS SOLUTIONS
Name EDWARDS, DOUGLAS ALLEN
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT, CHIEF
MEDICAL OFFICER, CARE DELIVERY
Name GARD, M.D., VIVEK
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT, DIVISION
PRESIDENT, CARE DELIVERY
Name GREENFIELD LATOUR, CHERI
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: JOSEPH M. RUSCHELLVP, ASSOCIATE
GENERAL COUNSEL AND
CORPORATE
SECRETARY

11/11/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP, CFO, PRIMARY CARE ORGANIZATION
Name LINDSAY-JONES, RICHARD
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT, DIVISION PRESIDENT,
CARE DELIVERY
Name MERIWETHER, KEVIN
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VP, PRIMARY CARE TRANSFORMATION
Name PABO, ERIKA
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT AND TREASURER
Name MARCOUX, JR., ROBERT MARTIN
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VP, POPULATION HEALTH
ANALYTICS AND UTILIZATION
MANAGEMENT SERVICES
Name MORRELL, JOSHUA
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202