

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V58206

Entity Name: CENTERWELL SENIOR PRIMARY CARE (FL), INC.**Current Principal Place of Business:**500 W. MAIN STREET
LOUISVILLE, KY 40202**Current Mailing Address:**500 W. MAIN STREET
LOUISVILLE, KY 40202 US**FEI Number:** 59-3164234**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	DIRECTOR
Name	BROUSSARD, BRUCE D
Address	500 W. MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	DIRECTOR, PRESIDENT
Name	BUCKINGHAM, RENEE J
Address	500 W. MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

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

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

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

Title	ASSOCIATE VICE PRESIDENT, ASSISTANT GENERAL COUNSEL, SECRETARY
Name	RUSCHELL, JOSEPH M
Address	500 W. MAIN STREET
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: HANK ROBINSON**SENIOR VICE
PRESIDENT-TAX****04/29/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date