

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000021980

**Entity Name:** CAC-FLORIDA MEDICAL CENTERS, LLC**Current Principal Place of Business:**8350 NW 52ND TERRACE  
SUITE 301  
MIAMI, FL 33116**Current Mailing Address:**P.O. BOX 740026  
LOUISVILLE, KY 40201**FEI Number:** 26-0010657**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

**Authorized Person(s) Detail :**

Title VP  
Name BAUERNFEIND, GEORGE  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title PRESIDENT, CEO  
Name KENT, DEMARQUETTE D  
Address 8350 NW 52ND TERRACE, SUITE 301  
City-State-Zip: MIAMI FL 33166

Title MANAGER  
Name MURRAY, JAMES E.  
Address 500 W. MAIN STREET  
C/O LAW DEPARTMENT  
City-State-Zip: LOUISVILLE KY 40202

Title INTERIM CHIEF FINANCIAL OFFICER  
Name MCCULLEY, STEVEN E.  
Address 500 W. MAIN STREET  
12TH FLOOR  
City-State-Zip: LOUISVILLE KY 40202

Title VP, SECRETARY  
Name LENAHA, JOAN O  
Address 500 WEST MAIN STREET  
C/O LAW DEPARTMENT  
City-State-Zip: LOUISVILLE KY 40202

Title MANAGER  
Name BROUSSARD, BRUCE  
Address 500 WEST MAIN ST  
C/O LAW DEPARTMENT  
City-State-Zip: LOUISVILLE KY 40202

Title MANAGER, SENIOR VICE PRESIDENT  
AND CHIEF MEDICAL OFFICER  
Name BEVERIDGE, ROY A. DR.  
Address 500 W. MAIN STREET  
C/O LAW DEPARTMENT  
City-State-Zip: LOUISVILLE KY 40202

Title SEGMENT VICE PRESIDENT &  
PRESIDENT INTEGRATED CARE  
DELIVERY  
Name RYU, JAEWON DR.  
Address 500 W. MAIN STREET  
C/O LAW DEPARTMENT  
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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOAN O.LENAHAN

VP

01/07/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title VICE PRESIDENT - FINANCE  
Name FERNANDEZ, FERNANDO L.  
Address 7200 CORPORATE CENTER DRIVE  
SUITE 600  
City-State-Zip: MIAMI FL 33126-1200

Title VP  
Name WILSON, RALPH M.  
Address 500 W. MAIN STREET  
C/O LAW DEPARTMENT  
City-State-Zip: LOUISVILLE KY 40202

Title VP  
Name LAMBERT, CHARLES F. III  
Address 500 W. MAIN STREET  
C/O LAW DEPARTMENT  
City-State-Zip: LOUISVILLE KY 40202

Title ASST. SECRETARY  
Name VENTURA, JOSEPH C.  
Address 500 W. MAIN STREET  
C/O LAW DEPARTMENT  
City-State-Zip: LOUISVILLE KY 40202