

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000021980

Entity Name: CAC-FLORIDA MEDICAL CENTERS, LLC**Current Principal Place of Business:**6101 BLUE LAGOON DRIVE,
SUITE 400
MIAMI, FL 33126**Current Mailing Address:**P.O. BOX 740026
LOUISVILLE, KY 40201 US**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 VICE PRESIDENT - TAX
Name ROBINSON, HANK
Address 500 WEST MAIN STREET
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 VICE PRESIDENT
Name WILSON, RALPH M.
Address 500 W. MAIN STREET
C/O LAW DEPARTMENT
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT AND CFO
Name KANE, BRIAN
Address 500 WEST MAIN STREET
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 VICE PRESIDENT & TREASURER
Name BAILEY, ALAN
Address 500 W. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

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

Title SENIOR VICE PRESIDENT AND CHIEF
INFORMATION OFFICER
Name LECLAIRE, BRIAN
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Continues on page 2

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: JOSEPH C. VENTURA

VP & CORP. SECRETARY 03/05/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title VICE PRESIDENT - FINANCE
Name KUHN, JENNIFER
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT
Name JENKINS, ERIC B
Address 500 W. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT
Name EDWARDS, DOUGLAS
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title MANAGER, PRESIDENT
Name MERIWETHER, KEVIN R
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT
Name ROSELLO, GEMMA M.
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT -INVESTMENT
MANAGEMENT
Name PRESTON, WILLIAM MARK
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT AND CHIEF
ACCOUNTING OFFICER
Name ZIPPERLE, CYNTHIA
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

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

Title VICE PRESIDENT
Name MCCORMICK, M.D., JIM
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202