

2020 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 SENIOR VICE PRESIDENT, TAX
Name ROBINSON, HANK
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
Name WILSON, RALPH M.
Address 500 W. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title CFO
Name KANE, BRIAN
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT - FINANCE
Name KUHN, JENNIFER
Address 500 WEST 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
Name FLEMING, WILLIAM K.
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 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: HANK ROBINSON

SENIOR VICE PRESIDENT 04/15/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

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

Title ASSOCIATE VICE PRESIDENT,
 ASSISTANT GENERAL COUNSEL AND
 CORPORATE SECRETARY
Name JOSEPH, M RUSCHELL
Address 500 W. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202