

**2020 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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, MANAGER  
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, PRESIDENT  
Name MERIWETHER, KEVIN R  
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:** JOSEPH M. RUSCHELLASSOCIATE VICE  
PRESIDENT, ASSISTANT  
GENERAL COUNSEL AND  
CORPORATE  
SECRETARY

08/28/2020

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

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