

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000030037

Entity Name: FPG SENIOR SERVICES, LLC**Current Principal Place of Business:**500 WEST MAIN STREET
LOUISVILLE, KY 40202**Current Mailing Address:**500 WEST MAIN STREET
LOUISVILLE, KY 40202 US**FEI Number:** 45-4685400**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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,
ENTERPRISE ASSOCIATE &
BUSINESS SOLUTIONS**Name** EDWARDS, DOUGLAS ALLEN**Address** 500 WEST MAIN STREET**City-State-Zip:** LOUISVILLE KY 40202**Title** VICE PRESIDENT AND TREASURER**Name** MARCOUX, ROBERT MARTIN JR.**Address** 500 WEST MAIN STREET**City-State-Zip:** LOUISVILLE KY 40202**Title** SVP, PRIMARY CARE
TRANSFORMATION AND
CENTRALIZED OPERATIONS**Name** PABO, ERIKA**Address** 500 WEST MAIN STREET**City-State-Zip:** LOUISVILLE KY 40202**Title** SENIOR VICE PRESIDENT, DIVISION
PRESIDENT, PRIMARY CARE**Name** MERIWETHER, KEVIN**Address** 500 WEST MAIN STREET**City-State-Zip:** LOUISVILLE KY 40202**Title** ASSOCIATE VP, TAX**Name** FELD, DANIEL KEVIN**Address** 500 WEST MAIN STREET**City-State-Zip:** LOUISVILLE KY 40202**Title** PRESIDENT**Name** BUCKINGHAM, RENEE JACQUELINE**Address** 500 WEST MAIN STREET**City-State-Zip:** LOUISVILLE KY 40202**Title** VP, POPULATION HEALTH
ANALYTICS AND UTILIZATION
MANAGEMENT SERVICES**Name** MORRELL, JOSHUA**Address** 500 WEST MAIN STREET**City-State-Zip:** LOUISVILLE KY 40202**Title** SVP, STRATEGY, INTEGRATION &
TRANSFORMATION**Name** ADKINS, MATT**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: DANIEL KEVIN FELD

ASSOCIATE VP, TAX

04/23/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title SENIOR VICE PRESIDENT, CHIEF MEDICAL
OFFICER, PRIMARY CARE
Name GARG, M.D., VIVEK
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VP, CFO, PRIMARY CARE ORGANIZATION
Name LINDSAY-JONES, RICHARD
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

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

Title MANAGER
Name MARCOUX, JR., ROBERT MARTIN
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title CHIEF CLINIC OPERATIONS OFFICER
Name GREENFIELD-LATOUR, CHERI
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VP, ASSOCIATE GENERAL COUNSEL
AND CORPORATE SECRETARY
Name RUSCHELL, JOSEPH MATTHEW
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title MANAGER
Name RUSCHELL, JOSEPH MATTHEW
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202