

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000149226

Entity Name: RMA MEDICAL CENTER OF ORLANDO, 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: NOT APPLICABLE

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: SHERIE HINTON

01/25/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

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

Title MANAGER
Name BROUSSARD, BRUCE D
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

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

Title SENIOR VICE PRESIDENT-TAX
Name ROBINSON, HANK
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

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

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. RUSCHELL

CORPORATE SECRETAR 01/25/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date