

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000078120

Entity Name: CENTERWELL ACCOUNTABLE CARE, 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:** 84-5171456**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 CFO
Name DIAMOND, SUSAN MARIE
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 SENIOR VICE PRESIDENT,
ENTERPRISE ASSOCIATE &
BUSINESS SOLUTIONS
Name EDWARDS, DOUGLAS ALLEN
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR, TAX
Name FELD, DANIEL KEVIN
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VP, CENTERWELL
Name GALLIFANT, CALEB
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

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

Title SENIOR VICE PRESIDENT, DIVISION
PRESIDENT, CARE DELIVERY
Name GREENFIELD-LATOUR, CHERI
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

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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: DANIEL KEVIN FELD**TAX DIRECTOR****05/17/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title	VICE PRESIDENT AND TREASURER
Name	MARCOUX, ROBERT MARTIN JR.
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	VP, ASSOCIATE GENERAL COUNSEL AND CORPORATE SECRETARY
Name	RUSCHELL, JOSEPH MATTHEW
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202
Title	MEMBER
Name	ECHO PRIMARY CARE HOLDINGS, LLC
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	SENIOR VICE PRESIDENT, DIVISION PRESIDENT, CARE DELIVERY
Name	MERIWETHER, KEVIN
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202
Title	VP, PRIMARY CARE TRANSFORMATION
Name	PABO, ERIKA
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202
Title	VP, INTEGRATION & TRANSFORMATION
Name	ADKINS, MATT
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202