

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000005134

Entity Name: PRIMARY CARE ASSOCIATES OF NORTH PALM BEACH, LLC

FILED
Apr 29, 2018
Secretary of State
CC3202290786

Current Principal Place of Business:

500 WEST MAIN STREET
LOUISVILLE, KY 40202

Current Mailing Address:

PO BOX 740026
LOUISVILLE, KY 40201-7426 US

FEI Number: 20-5569262

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

04/29/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title CHIEF MEDICAL OFFICER / MANAGER
Name BEVERIDGE, ROY AINSWORTH M.D.
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

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

Title CHIEF FINANCIAL OFFICER / MANAGER
Name KANE, BRIAN ANDREW
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT / ASSOCIATE GENERAL COUNSEL / CORPORATE SECRETARY
Name VENTURA, JOSEPH CHRISTOPER
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title CHIEF INFORMATION OFFICER
Name LECLAIRE, BRIAN PHILLIP PHD
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT / TREASURER
Name BAILEY, ALAN JAMES
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT
Name EDWARDS, DOUGLAS ALLEN
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

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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: DONALD HANK ROBINSON

SENIOR VICE PRESIDENT 04/29/2018
- TAX

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

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

Title VICE PRESIDENT
Name WILSON, RALPH MARTIN
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT / CHIEF ACCOUTING
OFFICER / CONTROLLER
Name ZIPPERLE, CYNTHIA HILLEBRAND
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202