

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006401

Entity Name: CONVIVA MEDICAL CENTER MANAGEMENT, LLC**Current Principal Place of Business:**6101 BLUE LAGOON DRIVE, SUITE 400
MIAMI, FL 33126**Current Mailing Address:**6101 BLUE LAGOON DRIVE, SUITE 400
MIAMI, FL 33126 US**FEI Number:** 20-5904436**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 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 VICE PRESIDENT / TREASURER
Name BAILEY, ALAN JAMES
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 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 PRESIDENT AND MANAGER
Name MERIWETHER, KEVIN
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VP
Name EDWARDS, DOUGLAS ALLEN
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. RUSCHELL**CORPORATE
SECRETARY**

01/25/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

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