2025 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Apr 23, 2025
Secretary of State
6905596884CC

DOCUMENT# M13000000955

Entity Name: CENTERWELL HEALTH SERVICES (USA), 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: 11-3414024

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

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

Title	PRESIDENT, HOME SOLUTIONS
Name	ALLEN, LLOYD KIRK
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

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

Title	MANAGER
Name	ALLEN, LLOYD KIRK
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	SENIOR VICE PRESIDENT, ENTERPRISE ASSOCIATE & BUSINESS SOLUTIONS
Name	EDWARDS, DOUGLAS ALLEN
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

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

Title	VP, REVENUE CYCLE MANAGEMENT
Name	TURNER, SEAN
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202