

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M14000008881

**Entity Name:** TRANSCEND POPULATION HEALTH MANAGEMENT, LLC**Current Principal Place of Business:**500 W. MAIN STREET  
LOUISVILLE, KY 40202**Current Mailing Address:**PO BOX 740026  
LOUISVILLE, KY 40201 US**FEI Number:** 46-5329373**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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRP  
Name BROUSSARD, BRUCE D  
Address 500 W. MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title MGR & PRESIDENT  
Name JASSER, JOSEPH WILLIAM DR.  
Address 500 W. MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title MGR, SENIOR VICE PRESIDENT AND  
CHIEF MEDICAL OFFICER  
Name BEVERIDGE, ROY A MD  
Address 500 W. MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT  
Name ROBINSON, HANK  
Address 500 W. MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title SECRETARY  
Name LENAHAN, JOAN  
Address 500 W. MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title TREASURER  
Name BAILEY, ALAN  
Address 500 W MAIN ST  
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT AND CFO  
Name KANE, BRIAN  
Address 500 W. MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT AND CHIEF  
INFORMATION OFFICER  
Name LECLAIRE, BRIAN  
Address 500 W. 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:** HANK ROBINSON

VICE PRESIDENT - TAX

05/01/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title VICE PRESIDENT AND CHIEF COMPLIANCE  
OFFICER  
Name CATRON, JOHN GREGORY  
Address 500 W. MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

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

Title MEDICAL DIRECTOR  
Name GROSSMAN, M.D., ROBERT  
Address 500 W. MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT  
Name BLACKMON, KATE  
Address 500 W. MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT  
Name JENKINS, ERIC B  
Address 500 W. MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT  
Name ROSELLO, GEMMA MARIA  
Address 500 W. MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT - INVESTMENT  
MANAGEMENT  
Name PRESTON, WILLIAM MARK  
Address 500 W. MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT AND CHIEF  
ACCOUNTING OFFICER  
Name ZIPPERLE, CYNTHIA  
Address 500 W. MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title ASSISTANT CORPORATE  
SECRETARY  
Name VENTURA, JOSEPH  
Address 500 W. MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT  
Name EDWARDS, DOUGLAS ALLEN  
Address 500 W. MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT - FINANCE  
Name KUHN, JENNIFER  
Address 500 W. MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202