

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M14000008881

Entity Name: HUMANA MSO, 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
Name MURRAY, JAMES E
Address 500 W. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title MGR
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 PRESIDENT
Name O'ROURKE, TIMOTHY
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

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

02/10/2015

Electronic Signature of Signing Authorized Person(s) Detail_____
Date