

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000010459

**Entity Name:** CDO 2, 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:** 32-0545504

**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            PRESIDENT  
Name            BUCKINGHAM, RENEE JACQUELINE  
Address        500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

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

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

Title            VP, PRIMARY CARE  
TRANSFORMATION  
Name            PABO, ERIKA  
Address        500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title            VP, POPULATION HEALTH  
ANALYTICS AND UTILIZATION  
MANAGEMENT SERVICES  
Name            MORRELL, JOSHUA  
Address        500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title            SENIOR VICE PRESIDENT, DIVISION  
PRESIDENT, CARE DELIVERY  
Name            MERIWETHER, KEVIN  
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

**TAX DIRECTOR**

**03/11/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

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

Title VP, INTEGRATION & TRANSFORMATION  
Name ADKINS, MATT  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT, CHIEF MEDICAL OFFICER, CARE DELIVERY  
Name GARG, M.D., VIVEK  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title VP, CFO, PRIMARY CARE ORGANIZATION  
Name LINDSAY-JONES, RICHARD  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title MANAGER  
Name DIAMOND, SUSAN MARIE  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

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

Title VP, CENTERWELL  
Name GALLIFANT, CALEB  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT, DIVISION PRESIDENT, CARE DELIVERY  
Name GREENFIELD-LATOURE, CHERI  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

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

Title MANAGER  
Name BUCKINGHAM, RENEE JACQUELINE  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202