

2024 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M17000010463

Entity Name: CDO 1, 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: 35-2608414

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
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	CFO
Name	DIAMOND, SUSAN MARIE
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, POPULATION HEALTH ANALYTICS AND UTILIZATION MANAGEMENT SERVICES
Name	MORRELL, JOSHUA
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202
Title	VP, INTEGRATION & TRANSFORMATION
Name	ADKINS, MATT
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, PRIMARY CARE TRANSFORMATION
Name	PABO, ERIKA
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
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

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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: DANIEL K FELD

**ASSOCIATE VICE
PRESIDENT, TAX**

09/16/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title SENIOR VICE PRESIDENT, DIVISION PRESIDENT,
CARE DELIVERY
Name GREENFIELD-LATOUR, 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

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