

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M23000005636

Entity Name: PRIMARY CARE COHORT 5 OPCO, 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:** 88-2264120**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 MEMBER
Name PRIMARY CARE PARENT II, LLC
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT AND TREASURER
Name BAILEY, ALAN JAMES
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

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

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

Title VP, FINANCE
Name JUDD, PATRICK NICHOLAS
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT, TAX
Name ROBINSON, DONALD HANK
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VP, PRIMARY CARE
Name BLACKMON, KATE
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VP
Name EDWARDS, DOUGLAS ALLEN
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**TAX DIRECTOR****04/29/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title	VP, INVESTMENTS
Name	PRESTON, WILLIAM MARK
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202