

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M23000010071

**Entity Name:** SHC MEDICAL PARTNERS, LLC

**Current Principal Place of Business:**

805 N. WHITTINGTON PARKWAY, SUITE 400  
LOUISVILLE, KY 40222

**Current Mailing Address:**

805 N. WHITTINGTON PARKWAY, SUITE 400  
LOUISVILLE, KY 40222 US

**FEI Number:** 26-1329228

**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           MANAGER  
Name           PHIPPS, JENNIFER A  
Address       805 N. WHITTINGTON PARKWAY,  
                  SUITE 400  
City-State-Zip: LOUISVILLE KY 40222

Title           MANAGER  
Name           STEIER, JOSEPH  
Address       805 N. WHITTINGTON PARKWAY,  
                  SUITE 400  
City-State-Zip: LOUISVILLE KY 40222

Title           MANAGER  
Name           ROUSSEAU, JON  
Address       805 N. WHITTINGTON PARKWAY,  
                  SUITE 400  
City-State-Zip: LOUISVILLE KY 40222

Title           MANAGER  
Name           NICHOLAS, JACOBY  
Address       805 N. WHITTINGTON PARKWAY,  
                  SUITE 400  
City-State-Zip: LOUISVILLE KY 40222

Title           SECRETARY  
Name           BROWN, ALLISON L  
Address       805 N. WHITTINGTON PARKWAY,  
                  SUITE 400  
City-State-Zip: LOUISVILLE KY 40222

*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:** ALLISON L. BROWN

**SECRETARY**

**04/24/2024**

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

\_\_\_\_\_  
Date