

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F21000001295

Entity Name: EDGE HEALTH, PROFESSIONAL CORPORATION**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:** 84-2752906**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

Officer/Director Detail :

Title DIRECTOR, PRESIDENT,
TREASURER, SECRETARY
Name CHANGAMIRE, FREEMAN TICH M.D.
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

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

Title DIRECTOR, TAX
Name FELD, DANIEL K
Address 500 WEST MAIN STREET
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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DANIEL K FELD

DIRECTOR, TAX

04/29/2023

Electronic Signature of Signing Officer/Director Detail

Date