2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007
Secretary of State

DOCUMENT# F04000006438

Entity Name: CHEMED CORPORATION

Current Principal Place of Business:

255 EAST FIFTH STREET 2600 CHEMED CENTER
CINCINNATI, OH 45202

New Principal Place of Business:

255 EAST FIFTH STREET
SUITE 2600
CINCINNATI, OH 45202

Current Mailing Address:

255 EAST FIFTH STREET 2600 CHEMED CENTER
CINCINNATI, OH 45202

New Mailing Address:

255 EAST FIFTH STREET
SUITE 2600-B. S. GUGEL
CINCINNATI, OH 45202

FEI Number: 31-0791746 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	C	( ) Delete
Name:	HUTTON, EDWARD L.	
Address:	255 EAST FIFTH STREET 2600 CHEMED CENTER	
City-St-Zip:	CINCINNATI, OH 45202	
Title:	PCEO	( ) Delete
Name:	MCNAMARA, KEVIN J	
Address:	255 EAST FIFTH STREET 2600 CHEMED CENTER	
City-St-Zip:	CINCINNATI, OH 45202	
Title:	CFOV	( ) Delete
Name:	WILLIAMS, DAVID P	
Address:	255 EAST FIFTH STREET 2600 CHEMED CENTER	
City-St-Zip:	CINCINNATI, OH 45202	
Title:	EVP	( ) Delete
Name:	LEE, SPENCER S	
Address:	255 EAST FIFTH STREET 2600 CHEMED CENTER	
City-St-Zip:	CINCINNATI, OH 45202	
Title:	EVP	( ) Delete
Name:	O'TOOLE, TIMOTHY S	
Address:	100 S. BISCAYNE BLVD 1500	
City-St-Zip:	MIAMI, FL 33131	
Title:	VPC	( ) Delete
Name:	TUCKER, ARTHUR V JR	
Address:	255 EAST FIFTH STREET 2600 CHEMED CENTER	
City-St-Zip:	CINCINNATI, OH 45202	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARK W. STEPHENS AT 04/11/2007

Electronic Signature of Signing Officer or Director — Date