

F25000003381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800452102858

APPROVED
AND
FILED
2025 JUN -9 PM 5:28
JUL 11 2025

2025 JUL -9 PM 1:28

JUN 09 2025

K Brumley

CT CORP
(850) 656-4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 06/09/2025

Acc#I20160000072

en: c DW

Name:	TRILOGY HOME HEALTHCARE SW FL, INC.
Document #:	
Order #:	16356991

Certified Copy of Arts & Amend:	☐		
Plain Copy:	☐		
Certificate of Good Standing:	☐		
Certified Copy of	☐		
Apostille/Notarial Certification:	☐	Country of Destination:	
		Number of Certs:	

Filing: ☒	Certified: ☒	Email Address for Annual Report Notifications:
	Plain: ☐	
	COGS: ☐	

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **43.75**

Thank you!

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. TRILOGY HOME HEALTHCARE SW FL, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 81-4466479
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/15/2016 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 04/01/2025
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 500 West Main Street, Louisville, KY 40202
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

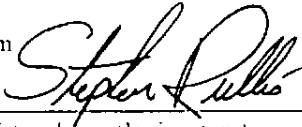
Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation FL 33324
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System
By:  Stephen Rullis
(Registered agent's signature) VP & Asst. Secy.

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: See attached List

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

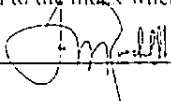
☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12.  Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Joseph M. Ruschell, Vice President, Associate General Counsel & Corporate Secretary
(Typed or printed name and capacity of person signing application)

OFFICERS AND DIRECTORS OF TRILOGY HOME HEALTHCARE SW FL, INC.

Name	Title	Address
Allen, Lloyd Kirk	Director	500 West Main Street, Louisville, KY 40202
Marcoux, Jr., Robert Martin	Director	500 West Main Street, Louisville, KY 40202
Ruschell, Joseph Matthew	Director	500 West Main Street, Louisville, KY 40202
Allen, Lloyd Kirk	President, Home Solutions	500 West Main Street, Louisville, KY 40202
Feld, Daniel Kevin	Associate Vice President, Tax	500 West Main Street, Louisville, KY 40202
Marcoux, Jr., Robert Martin	Vice President & Treasurer	500 West Main Street, Louisville, KY 40202
Murphree, Jaclyn Michelle	Vice President, Chief Financial Officer, Home Solutions	500 West Main Street, Louisville, KY 40202
Ruschell, Joseph Matthew	Vice President, Associate General Counsel and Corporate Secretary	500 West Main Street, Louisville, KY 40202
Turner, Sean	Vice President, Revenue Cycle Management	500 West Main Street, Louisville, KY 40202

Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRILOGY HOME HEALTHCARE SW FL, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF JUNE, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



6216798 8300

SR# 20253001072

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, reading "C. P. Sanchez", is written over a horizontal line.

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203891177

Date: 06-09-25