

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000000294

FILED
Apr 27, 2012
Secretary of State

Entity Name: CARETENDERS MOBILE MEDICAL SERVICES, LLC

Current Principal Place of Business:

9510 ORMSBY STATION ROAD
SUITE 300
LOUISVILLE, KY 40223 US

New Principal Place of Business:

Current Mailing Address:

9510 ORMSBY STATION ROAD
SUITE 300
LOUISVILLE, KY 40223 US

New Mailing Address:

FEI Number: 26-1162933

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

MANAGING MEMBERS/MANAGERS:

Title: DCEO
Name: YARMUTH, WILLIAM B
Address: 9510 ORMSBY STATION ROAD, SUITE 300
City-St-Zip: LOUISVILLE, KY 40223

Title: DST
Name: GUENTHNER, C STEVEN
Address: 9510 ORMSBY STATION ROAD, SUITE 300
City-St-Zip: LOUISVILLE, KY 40223

Title: DV
Name: LYLES, P TODD
Address: 9510 ORMSBY STATION ROAD, SUITE 300
City-St-Zip: LOUISVILLE, KY 40223

Title: V
Name: REIBEL, JEFF
Address: 9510 ORMSBY STATION ROAD, SUITE 300
City-St-Zip: LOUISVILLE, KY 40223

Title: P
Name: HENGST, CARLA
Address: 9510 ORMSBY STATION ROAD, SUITE 300
City-St-Zip: LOUISVILLE, KY 40223

Title: MGRM
Name: NATIONAL HEALTH INDUSTRIES INC
Address: 9510 ORMSBY STATION ROAD, SUITE 300
City-St-Zip: LOUISVILLE, KY 40223

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JEFF REIBEL

VP

04/27/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date