

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000009397

Entity Name: SUNSET HARBOR HOME HEALTH, INC.

Current Principal Place of Business:

500 W. MAIN STREET, 21ST FLOOR
LOUISVILLE, KY 40202

Current Mailing Address:

P.O. BOX 740026
TAX DEPARTMENT
LOUISVILLE, KY 40201-7426 US

FEI Number: 65-0583910

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

Officer/Director Detail :

Title CEO
Name BARGER, JOHN E. III
Address 500 W. MAIN STREET, 21ST FLOOR
City-State-Zip: LOUISVILLE KY 40202

Title P
Name PERKINS, BRUCE D.
Address 500 W. MAIN STREET, C/O LAW DEPT.
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR, SENIOR VP, CFO,
TREASURER
Name BLOEM, JAMES H.
Address 500 W. MAIN STREET, C/O LAW DEPT.
City-State-Zip: LOUISVILLE KY 40202

Title VP
Name BAUERNFEIND, GEORGE G.
Address P.O. BOX 740026
City-State-Zip: LOUISVILLE KY 40202

Title VP AND CORPORATE SECRETARY
Name LENAHAN, JOAN O.
Address 500 W. MAIN STREET, 21ST FLOOR
City-State-Zip: LOUISVILLE KY 40202

Title ASST. SECRETARY
Name VENTURA, JOSEPH C.
Address 500 W. MAIN STREET, 21ST FLOOR
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR
Name BROUSSARD, BRUCE D.
Address 500 W. MAIN STREET, C/O LAW DEPT.
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR
Name MURRAY, JAMES E.
Address 500 W. MAIN STREET, C/O LAW DEPT.
City-State-Zip: LOUISVILLE KY 40202

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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: GEORGE G. BAUERNFEIND

VICE PRESIDENT

03/18/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SENIOR VP
Name KUSSEROW, PAUL B.
Address 500 W. MAIN STREET, 21ST FLOOR
City-State-Zip: LOUISVILLE KY 40202

Title VP
Name LAMBERT, CHARLES F. III
Address 500 W. MAIN STREET, 21ST FLOOR
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VP
Name LECLAIRE, BRIAN P.
Address 500 W. MAIN STREET, 21ST FLOOR
City-State-Zip: LOUISVILLE KY 40202

Title VP
Name WILSON, RALPH M.
Address 500 W. MAIN STREET, 21ST FLOOR
City-State-Zip: LOUISVILLE KY 40202