

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000027254

Entity Name: ALTERCARE LLC**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:** 20-0110337**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 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:** SALVINA AMENTA-GRAY, VICE PRESIDENT

03/11/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED SIGNATORY,
LICENSURE AND CERTIFICATION

Name NICHOLS, JOHN

Address 500 WEST MAIN STREET

City-State-Zip: LOUISVILLE KY 40202

Title VP, ASSOCIATE GENERAL COUNSEL
AND CORPORATE SECRETARY

Name RUSCHELL, JOSEPH MATTHEW

Address 500 WEST MAIN STREET

City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT & TREASURER

Name MARCOUX, JR., ROBERT MARTIN

Address 500 WEST MAIN STREET

City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR, TAX

Name FELD, DANIEL KEVIN

Address 500 WEST MAIN STREET

City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT,
ENTERPRISE ASSOCIATE &
BUSINESS SOLUTIONS

Name EDWARDS, DOUGLAS ALLEN

Address 500 WEST MAIN STREET

City-State-Zip: LOUISVILLE KY 40202

Title MEMBER

Name VITALITY HOME CARE, INC.

Address 500 WEST MAIN STREET

City-State-Zip: LOUISVILLE KY 40202

Title CFO

Name DIAMOND, SUSAN MARIE

Address 500 WEST MAIN STREET

City-State-Zip: LOUISVILLE KY 40202

Title PRESIDENT, HOME HEALTH

Name BENOIT, SUSAN ELIZABETH

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DANIEL KEVIN FELD

DIRECTOR, TAX

03/11/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date