

**2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L03000027254

**Entity Name:** ALTERCARE LLC**Current Principal Place of Business:**500 W MAIN ST  
LOUISVILLE, KY 40202**Current Mailing Address:**500 W MAIN ST  
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

05/08/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGER  
Name VITALITY HOME CARE, INC.  
Address 500 W MAIN ST  
City-State-Zip: LOUISVILLE KY 40202

Title PRESIDENT, HOME HEALTH  
Name BENOIT, SUSAN ELIZABETH  
Address 500 W MAIN ST  
City-State-Zip: LOUISVILLE KY 40202

Title CFO  
Name DIAMOND, SUSAN MARIE  
Address 500 W MAIN ST  
City-State-Zip: LOUISVILLE KY 40202

Title VP, ASSOCIATE GENERAL COUNSEL  
& CORPORATE SECRETARY  
Name RUSCHELL, JOSEPH MATTHEW  
Address 500 W MAIN ST  
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:** JOSEPH M. RUSCHELLVICE PRESIDENT,  
ASSOCIATE GENERAL  
COUNSEL & CORPORATE  
SECRETARY

05/08/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date