

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000104100

Entity Name: CARETENDERS VISITING SERVICES OF PINELLAS COUNTY, LLC**FILED**
Apr 16, 2015
Secretary of State
CC9377078739**Current Principal Place of Business:**9510 ORMSBY STATION ROAD
SUITE 300
LOUISVILLE, KY 40223**Current Mailing Address:**9510 ORMSBY STATION ROAD
SUITE 300
LOUISVILLE, KY 40223**FEI Number:** 20-5826531**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NATIONAL CORPORATE RESEARCH, LTD., INC.
155 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 32301 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**Authorized Person(s) Detail :**

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

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

Title VP
Name SCHWARTZ, DANIEL
Address 9510 ORMSBY STATION ROAD, SUITE 300
City-State-Zip: LOUISVILLE KY 40223

Title DIRECTOR, VP, SECRETARY
Name LYLES, P TODD
Address 9510 ORMSBY STATION ROAD, SUITE 300
City-State-Zip: LOUISVILLE KY 40223

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

Title DIRECTOR, PRESIDENT, TREASURER
Name GUENTHNER, C STEVEN
Address 9510 ORMSBY STATION ROAD, SUITE 300
City-State-Zip: LOUISVILLE KY 40223

Title VP
Name KAUSHAL, RAJ
Address 9510 ORMSBY STATION ROAD SUITE 300
City-State-Zip: LOUISVILLE KY 40223

Title VP
Name PEDIGO, CATHERINE
Address 9510 ORMSBY STATION ROAD SUITE 300
City-State-Zip: LOUISVILLE KY 40223

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: JEFF REIBEL

VICE PRESIDENT

04/16/2015

Electronic Signature of Signing Authorized Person(s) Detail_____
Date