

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000043051

Entity Name: HOME HEALTH AGENCY - CENTRAL PENNSYLVANIA, LLC**Current Principal Place of Business:**9510 ORMSBY STATION ROAD
SUITE 300
LOUISVILLE, KY 40223-5016**Current Mailing Address:**9510 ORMSBY STATION ROAD
SUITE 300
LOUISVILLE, KY 40223-5016 US**FEI Number:** 20-1497787**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NATIONAL CORPORATE RESEARCH LTD INC
155 OFFICE PLAZA DR
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:** RYAN TAYLOR

04/08/2014

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name OMNI HOME HEALTH SERVICES, LLC
Address 9510 ORMSBY STATION ROAD
SUITE 300
City-State-Zip: LOUISVILLE KY 40223-5016

Title DIRECTOR, CEO
Name YARMUTH, WILLIAM B
Address 9510 ORMSBY STATION ROAD
SUITE 300
City-State-Zip: LOUISVILLE KY 40223-5016

Title DIRECTOR, PRESIDENT, PRINCIPAL
FINANCIAL OFFICER, TREASURER
Name GUENTHNER, C. STEVEN
Address 9510 ORMSBY STATION ROAD
SUITE 300
City-State-Zip: LOUISVILLE KY 40223-5016

Title DIRECTOR, SR. VP, SECRETARY
Name LYLES, P. TODD
Address 9510 ORMSBY STATION ROAD
SUITE 300
City-State-Zip: LOUISVILLE KY 40223-5016

Title SR. VP
Name SCHWARTZ, DANIEL
Address 9510 ORMSBY STATION ROAD
SUITE 300
City-State-Zip: LOUISVILLE KY 40223-5016

Title VP
Name PEDIGO, CATHY
Address 9510 ORMSBY STATION ROAD
SUITE 300
City-State-Zip: LOUISVILLE KY 40223-5016

Title VP
Name REIBEL, JEFF
Address 9510 ORMSBY STATION ROAD
SUITE 300
City-State-Zip: LOUISVILLE KY 40223-5016

Title SR. VP
Name KAUSHAL, RAJ DR.
Address 9510 ORMSBY STATION ROAD
SUITE 300
City-State-Zip: LOUISVILLE KY 40223-5016

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

04/08/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date