

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000043063

**FILED**  
**Apr 25, 2018**  
**Secretary of State**  
**CC3411003316**

**Entity Name:** OMNI HOME HEALTH - DISTRICT 4, 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:** 20-1657488

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COGENCY GLOBAL INC.  
115 NORTH CALHOUN ST.  
SUITE 4  
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 OMNI HOME HEALTH SERVICES, LLC  
Address 9510 ORMSBY STATION ROAD  
SUITE 300  
City-State-Zip: LOUISVILLE KY 40223-5016

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

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

Title DIRECTOR, COO, 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 DIRECTOR, VP  
Name REIBEL, JEFF  
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**

**04/25/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail Date