

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000043063

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:

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 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,
TREASURER, PRINCIPAL FINANCIAL
OFFICER
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, PATRICK TODD
Address 9510 ORMSBY STATION ROAD
SUITE 300
City-State-Zip: LOUISVILLE KY 40223-5016

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

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

Title SR. 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

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