

2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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 SR. VP, SECRETARY
Name LYLES, PATRICK TODD
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 DIRECTOR
Name SORENSEN, JOANNE
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 DIRECTOR, COO
Name SCHWARTZ, DANIEL
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

Title DIRECTOR
Name HODGKINSON, KIM
Address 1 SHIRCLIFF WAY
City-State-Zip: JACKSONVILLE FL 32204

Continues on page 2

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

06/09/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title DIRECTOR
Name ROMINE, DONNIE
Address 1 SHIRCLIFF WAY
City-State-Zip: JACKSONVILLE FL 32204

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

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