

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000130392

Entity Name: AMERICAN ELDERCARE OF NORTH FLORIDA, LLC

Current Principal Place of Business:

14565 SIMS ROAD
DELRAY BEACH, FL 33484

Current Mailing Address:

PO BOX 740026
ATTN TAX DEPT
LOUISVILLE, KY 40201 US

FEI Number: 45-3818750

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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 DIRECTOR
Name BROUSSARD, BRUCE
Address 500 W MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR
Name MURRAY, JAMES
Address 500 W MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR
Name BEVERIDGE, ROY MD
Address 500 W MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title PRESIDENT
Name BROUSSARD, BRUCE
Address 500 W MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title CEO
Name RENAUDIN, GEORGE
Address 500 W MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title COO
Name LYNOTT-PERRY, DEBORAH
Address 500 W MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title PRESIDENT, RETAIL SEGMENT
Name LISTON, THOMAS
Address 500 W MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SEGMENT VICE PRESIDENT,
PRESIDENT - MEDICARE
Name WHEATLEY, T. ALAN
Address 500 W MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

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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: GEORGE BAUERNFEIND

VICE PRESIDENT

01/20/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title INTERIM CFO
Name MCCULLEY, STEVEN
Address 500 W MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT
Name LAMBERT III, CHARLES
Address 500 W MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT - FINANCE
Name NAREMORE, BRUCE
Address 500 W MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title ASSISTANT CORPORATE SECRETARY
Name VENTURA, JOSEPH
Address 500 W MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT
Name BAUERNFEIND, GEORGE
Address 500 W MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT AND CORPORATE SECRETARY
Name LENAHAN, JOAN
Address 500 W MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT
Name WILSON, RALPH
Address 500 W MAIN STREET
City-State-Zip: LOUISVILLE KY 40202