

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000130392

FILED
Mar 19, 2019
Secretary of State
9068192208CC

Entity Name: AMERICAN ELDERCARE OF NORTH FLORIDA, LLC

Current Principal Place of Business:

215 SOUTH MONROE STREET,
SUITE 510
TALLAHASSEE , FL 32301

Current Mailing Address:

PO BOX 740026
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 MANAGER
Name BROUSSARD, BRUCE
Address 500 W MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title MANAGER
Name FLEMING, WILLIAM
Address 500 W MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

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

Title SENIOR VICE PRESIDENT - TAX
Name ROBINSON, HANK
Address 500 WEST 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

Title VICE PRESIDENT, ASSOCIATE
GENERAL COUNSEL & CORPORATE
SECRETARY
Name VENTURA, JOSEPH
Address 500 W MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title CHIEF FINANCIAL OFFICER
Name KANE, BRIAN A
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT - FINANCE
Name ALLEN, MICHAEL
Address 500 W MAIN ST
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: JOSEPH C. VENTURA

SVP, CORPORATE
SECRETARY AND
ASSOCIATE GENERAL
COUNSEL

03/19/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title VICE PRESIDENT AND TREASURER
Name BAILEY, ALAN
Address 500 W MAIN ST
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT AND CHIEF
ACCOUNTING OFFICER
Name ZIPPERLE, CYNTHIA H.
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title PRESIDENT
Name ALLEN, KIRK L
Address 500 W. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT- INVESTMENT
MANAGEMENT
Name PRESTON, WILLIAM
Address 500 W MAIN ST
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT
Name EDWARDS, DOUGLAS E
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40214