

2015 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
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 MURRAY, JAMES
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 PRESIDENT
Name RACKOW, ERIC MD
Address 500 W MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT - TAX
Name ROBINSON, DONALD H
Address 500 WEST 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 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

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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: DONALD H ROBINSON

VICE PRESIDENT

02/04/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

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

Title MANAGER
Name CONNOLLY, MARSDEN
Address 500 W MAIN ST
City-State-Zip: LOUISVILLE KY 40202

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
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

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