

2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L13000093106

Entity Name: ONE NURSING CARE, LLC

Current Principal Place of Business:

500 WEST MAIN STREET
LOUISVILLE, KY 40202

Current Mailing Address:

500 WEST MAIN STREET
LOUISVILLE, KY 40202 US

FEI Number: 46-3116955

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: SALVINA AMENTA-GRAY

07/13/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title CFO
Name DIAMOND , SUSAN M
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title PRESIDENT
Name ALLEN , LLOYD KIRK
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VP, ASSOCIATE GENERAL COUNSEL
Name RUSCHELL , JOSEPH M
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title MEMBER
Name ONE HOMECARE SOLUTIONS, LLC
Address 1201 HAYS STREET
City-State-Zip: TALLAHASSEE FL 32301

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: RUSCHELL , JOSEPH M

VP, ASSOCIATE
GENERAL COUNSEL

07/13/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date