

**2024 FLORIDA LIMITED LIABILITY COMPANY 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

03/11/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title VP, ASSOCIATE GENERAL COUNSEL  
AND CORPORATE SECRETARY  
Name RUSCHELL, JOSEPH MATTHEW  
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 SENIOR VICE PRESIDENT,  
ENTERPRISE ASSOCIATE &  
BUSINESS SOLUTIONS  
Name EDWARDS, DOUGLAS ALLEN  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT AND TREASURER  
Name MARCOUX, JR., ROBERT MARTIN  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title VP  
Name WILSON, RALPH MARTIN  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR, TAX  
Name FELD, DANIEL KEVIN  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title MEMBER  
Name ONE HOMECARE SOLUTIONS, LLC  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

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

*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:** DANIEL KEVIN FELD

DIRECTOR, TAX

03/11/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date