

2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L13000097222

Entity Name: TRIDENT HOME HEALTH, LLC**Current Principal Place of Business:**500 W MAIN ST
LOUISVILLE, KY 40202**Current Mailing Address:**500 W MAIN ST
LOUISVILLE, KY 40202 US**FEI Number:** 35-2486995**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
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, VICE PRESIDENT

05/11/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name VITALITY HOME CARE, INC
Address 500 W MAIN ST
City-State-Zip: LOUISVILLE KY 40202

Title PRESIDENT, HOME HEALTH
Name BENOIT, SUSAN ELIZABETH
Address 500 W MAIN ST
City-State-Zip: LOUISVILLE KY 40202

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

Title VP, ASSOCIATE GENERAL COUNSEL
& CORPORATE SECRETARY
Name RUSCHELL, JOSEPH MATTHEW
Address 500 W MAIN ST
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: JOSEPH M. RUSCHELLVICE PRESIDENT,
ASSOCIATE GENERAL
COUNSEL & CORPORATE
SECRETARY

05/11/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date