

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M0800000294

**Entity Name:** CARETENDERS MOBILE MEDICAL SERVICES, LLC

**Current Principal Place of Business:**

9510 ORMSBY STATION ROAD  
SUITE 300  
LOUISVILLE, KY 40223

**Current Mailing Address:**

9510 ORMSBY STATION ROAD  
SUITE 300  
LOUISVILLE, KY 40223 US

**FEI Number:** 26-1162933

**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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title	DIRECTOR, CEO	Title	DIRECTOR, PRESIDENT, TREASURER
Name	YARMUTH, WILLIAM B	Name	GUENTHNER, C STEVEN
Address	9510 ORMSBY STATION ROAD, SUITE 300	Address	9510 ORMSBY STATION ROAD, SUITE 300
City-State-Zip:	LOUISVILLE KY 40223	City-State-Zip:	LOUISVILLE KY 40223
Title	DIRECTOR, VP, SECRETARY	Title	VP
Name	LYLES, P TODD	Name	REIBEL, JEFF
Address	9510 ORMSBY STATION ROAD, SUITE 300	Address	9510 ORMSBY STATION ROAD, SUITE 300
City-State-Zip:	LOUISVILLE KY 40223	City-State-Zip:	LOUISVILLE KY 40223
Title	VP	Title	MGRM
Name	SCHWARTZ, DANIEL	Name	NATIONAL HEALTH INDUSTRIES INC
Address	9510 ORMSBY STATION ROAD, SUITE 300	Address	9510 ORMSBY STATION ROAD, SUITE 300
City-State-Zip:	LOUISVILLE KY 40223	City-State-Zip:	LOUISVILLE KY 40223
Title	VP	Title	VP
Name	KAUSHAL, RAJ	Name	PEDIGO, CATHERINE
Address	9510 ORMSBY STATION ROAD SUITE 300	Address	9510 ORMSBY STATION ROAD SUITE 300
City-State-Zip:	LOUISVILLE KY 40223	City-State-Zip:	LOUISVILLE KY 40223

*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:** JEFF REIBEL

**VICE PRESIDENT**

**04/16/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date