

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1000003201

Entity Name: LAKELAND HOME CARE 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: 27-3073250

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.
115 NORTH CALHOUN ST, SUITE 4
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 MGR, CEO
Name YARMUTH, WILLIAM B.
Address 9510 ORMSBY STATION ROAD
SUITE 300
City-State-Zip: LOUISVILLE KY 40223

Title MGR, PRESIDENT, PRINCIPAL
FINANCIAL OFFICER
Name GUENTHNER, C. STEVEN
Address 9510 ORMSBY STATION ROAD
SUITE 300
City-State-Zip: LOUISVILLE KY 40223

Title MGR, SR VP, SECRETARY
Name LYLES, PATRICK TODD
Address 9510 ORMSBY STATION ROAD
SUITE 300
City-State-Zip: LOUISVILLE KY 40223

Title VP
Name HOGSTON, SANDRA
Address 9510 ORMSBY STATION ROAD
SUITE 300
City-State-Zip: LOUISVILLE KY 40223

Title VP
Name PEDIGO, CATHY
Address 9510 ORMSBY STATION ROAD
SUITE 300
City-State-Zip: LOUISVILLE KY 40223

Title VP
Name REIBEL, JEFF
Address 9510 ORMSBY STATION ROAD
SUITE 300
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

04/26/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date