

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006438

Entity Name: CHEMED CORPORATION**Current Principal Place of Business:**255 EAST FIFTH STREET
SUITE 2600
CINCINNATI, OH 45202**Current Mailing Address:**255 EAST FIFTH STREET
SUITE 2600-B. S. GUGEL
CINCINNATI, OH 45202**FEI Number:** 31-0791746**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**Officer/Director Detail :**

Title	PCEO
Name	MCNAMARA, KEVIN J
Address	255 EAST FIFTH STREET, SUITE 2600
City-State-Zip:	CINCINNATI OH 45202

Title	CFOEVP
Name	WILLIAMS, DAVID P
Address	255 EAST FIFTH STREET, SUITE 2600
City-State-Zip:	CINCINNATI OH 45202

Title	EVP
Name	LEE, SPENCER S
Address	255 EAST FIFTH STREET, SUITE 2500
City-State-Zip:	CINCINNATI OH 45202

Title	EVP
Name	O'TOOLE, TIMOTHY S
Address	100 S. BISCAYNE BLVD 1500
City-State-Zip:	MIAMI FL 33131

Title	VPC
Name	TUCKER, ARTHUR VJR
Address	255 EAST FIFTH STREET 2600 CHEMED CENTER
City-State-Zip:	CINCINNATI OH 45202

Title	AT
Name	STEPHENS, MARK W
Address	255 EAST 5TH STREET, SUITE 2600
City-State-Zip:	CINCINNATI OH 45202

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARK W. STEPHENS**ASSISTANT TREASURER** 03/18/2014_____
Electronic Signature of Signing Officer/Director Detail_____
Date