

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F99000000619

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** LILLIBRIDGE HEALTHCARE SERVICES, INC.

**Current Principal Place of Business:**

10350 ORMSBY PARK PLACE  
SUITE 300  
LOUISVILLE, KY 40223

**New Principal Place of Business:**

**Current Mailing Address:**

10350 ORMSBY PARK PLACE  
SUITE 300  
LOUISVILLE, KY 40223

**New Mailing Address:**

**FEI Number:** 36-4273203

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LILLIBRIDGE, TODD  
Address: 353 NORTH CLARK STREET, STE. 3300  
City-St-Zip: CHICAGO, IL 60654

Title: VP  
Name: GERAGHTY, KEVIN  
Address: 353 NORTH CLARK STREET, SUITE 3300  
City-St-Zip: CHICAGO, IL 60654

Title: CFO  
Name: KURZYDYM, JOSEPH  
Address: 353 NORTH CLARK STREET, SUITE 3300  
City-St-Zip: CHICAGO, IL 60654

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: JOSEPH G. KURZYDYM

CFO

04/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date