

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000104096

FILED
Apr 02, 2010
Secretary of State

Entity Name: CARETENDERS VISITING SERVICES OF HERNANDO COUNTY, LLC

Current Principal Place of Business:

9510 ORMSBY STATION ROAD
SUITE 300
LOUISVILLE, KY 40223

New Principal Place of Business:

Current Mailing Address:

9510 ORMSBY STATION ROAD
SUITE 300
LOUISVILLE, KY 40223

New Mailing Address:

FEI Number: 20-5826497 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: NATIONAL HEALTH INDUSTRIES, INC.
Address: 9510 ORMSBY STATION ROAD SUITE 300
City-St-Zip: LOUISVILLE, KY 40223

Title: CEO
Name: YARMUTH, WILLIAM B
Address: 9510 ORMSBY STATION ROAD SUITE 300
City-St-Zip: LOUISVILLE, KY 40223

Title: P
Name: MONTVILLE, PHYLLIS
Address: 9510 ORMSBY STATION ROAD SUITE 300
City-St-Zip: LOUISVILLE, KY 40223

Title: V
Name: LYLES, TODD
Address: 9510 ORMSBY STATION ROAD SUITE 300
City-St-Zip: LOUISVILLE, KY 40223

Title: D
Name: PERCHIK, JERRY
Address: 9510 ORMSBY STATION ROAD SUITE 300
City-St-Zip: LOUISVILLE, KY 40223

Title: ST
Name: GUENTHNER, C STEVEN
Address: 9510 ORMSBY STATION ROAD SUITE 300
City-St-Zip: LOUISVILLE, KY 40223

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: C. STEVEN GUENTHNER

SEC

04/02/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date