

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000110767

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: CARETENDERS OF JACKSONVILLE, LLC

## Current Principal Place of Business:

9510 ORMSBY STATION ROAD  
SUITE 300  
LOUISVILLE, KY 40223 US

## New Principal Place of Business:

## Current Mailing Address:

9510 ORMSBY STATION ROAD  
SUITE 300  
LOUISVILLE, KY 40223 US

## New Mailing Address:

FEI Number: 20-5890994      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 40223 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: MGR ( ) Delete  
Name: NATIONAL HEALTH INDUSTRIES, INC.  
Address: 9510 ORMSBY STATION ROAD, SUITE 300  
City-St-Zip: LOUISVILLE, KY 40223 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CEO ( ) Change (X) Addition  
Name: YARMUTH, WILLIAM B  
Address: 9510 ORMSBY STATION ROAD STE 300  
City-St-Zip: LOUISVILLE, KY 40223

Title: P ( ) Change (X) Addition  
Name: RALSTON, NANCY  
Address: 9510 ORMSBY STATION ROAD STE 300  
City-St-Zip: LOUISVILLE, KY 40223

Title: VP ( ) Change (X) Addition  
Name: LYLES, TODD  
Address: 9510 ORMSBY STATION ROAD STE 300  
City-St-Zip: LOUISVILLE, KY 40223

Title: VP ( ) Change (X) Addition  
Name: WALKER, JOHN  
Address: 9510 ORMSBY STATION ROAD STE 300  
City-St-Zip: LOUISVILLE, KY 40223

Title: ST ( ) Change (X) Addition  
Name: GUENTHNER, STEVE  
Address: 9510 ORMSBY STATION ROAD STE 300  
City-St-Zip: LOUISVILLE, KY 40223

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JOHN WALKER

VP

04/27/2009

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