2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2010
Secretary of State

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Entity Name: CARETENDERS VISITING SERVICES OF DISTRICT 6 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: 30-0425709 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION
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

MANAGING MEMBERS/MANAGERS:

Title: CEO
Name: YARMUTH, WILLIAM B
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

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

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

Title: VP
Name: LIECHTY, ANNE T
Address: 9510 ORMSBY STATION ROAD STE 300
City-St-Zip: LOUISVILLE, KY 40223

Title: VP
Name: PEDIGO, CATHY
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 Statues.

SIGNATURE: P. TODD LYES VP 03/11/2010

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