

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000002770

**Entity Name:** AMERICAN ELDERCARE, INC.

**Current Principal Place of Business:**

500 W MAIN STREET  
LOUISVILLE, KY 40202

**Current Mailing Address:**

500 W MAIN STREET  
LOUISVILLE, KY 40202 US

**FEI Number:** 65-0380198

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 VP, TREASURER  
Name BAILEY, ALAN J  
Address 500 W MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR, PRESIDENT  
Name RACKOW MD, ERIC C  
Address 500 W MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title VP, SECRETARY  
Name LENAHAN, JOAN O  
Address 500 W MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR  
Name WHEATLEY, TIMOTHY A  
Address 500 W MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR  
Name FLEMING, WILLIAM K  
Address 500 W MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

*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:** JOAN O LENAHAN

**SECRETARY**

**02/12/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date