

2018 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 VP

Name ROBINSON, HANK

Address 500 W MAIN STREET

City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR, PRESIDENT

Name RACKOW, ERIC M.D

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 ALAN

Address 500 W MAIN STREET

City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR

Name FLEMING, WILLIAM KEVIN

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: HANK ROBINSON

VICE PRESIDENT

01/26/2018

Electronic Signature of Signing Officer/Director Detail

Date