

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000043050

**Entity Name:** HOME HEALTH AGENCY - BREVARD, LLC

**Current Principal Place of Business:**

9510 ORMSBY STATION ROAD  
SUITE 300  
LOUISVILLE, KY 40223-5016

**Current Mailing Address:**

9510 ORMSBY STATION ROAD  
SUITE 300  
LOUISVILLE, KY 40223-5016 US

**FEI Number:** 20-0375966

**Certificate of Status Desired:** No

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

NATIONAL CORPORATE RESEARCH,LTD.,INC.  
115 NORTH CALHOUN ST.  
SUITE 4  
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:** RYAN TAYLOR

04/04/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name OMNI HOME HEALTH SERVICES, LLC  
Address 510 HOSPITAL DRIVE SUITE 100  
City-State-Zip: MADISON FL 37115-5036

Title CEO, DIRECTOR  
Name YARMUTH, WILLIAM B  
Address 9510 ORMSBY STATION ROAD  
SUITE 300  
City-State-Zip: LOUISVILLE KY 40223-5016

Title PRESIDENT, PRINCIPAL FINANCIAL  
OFFICER & TREASURER  
Name GUENTHNER, C. STEVEN  
Address 9510 ORMSBY STATION ROAD  
SUITE 300  
City-State-Zip: LOUISVILLE KY 40223-5016

Title SR. VP & SECRETARY  
Name LYLES, P. TODD  
Address 9510 ORMSBY STATION ROAD  
SUITE 300  
City-State-Zip: LOUISVILLE KY 40223-5016

Title COO  
Name SCHWARTZ, DANIEL  
Address 9510 ORMSBY STATION ROAD  
SUITE 300  
City-State-Zip: LOUISVILLE KY 40223-5016

Title SR. VICE PRESIDENT  
Name KAUSHAL, RAJ DR.  
Address 9510 ORMSBY STATION ROAD  
SUITE 300  
City-State-Zip: LOUISVILLE KY 40223-5016

Title SR. VICE PRESIDENT  
Name PEDIGO, CATHY  
Address 9510 ORMSBY STATION ROAD  
SUITE 300  
City-State-Zip: LOUISVILLE KY 40223-5016

Title VP  
Name REIBEL, JEFF  
Address 9510 ORMSBY STATION ROAD  
SUITE 300  
City-State-Zip: LOUISVILLE KY 40223-5016

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JEFF REIBEL

VICE PRESIDENT

04/04/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date