

2025 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L11000085511

Entity Name: QUALITY LIVING HOME HEALTH CARE LLC**Current Principal Place of Business:**500 WEST MAIN STREET
LOUISVILLE, KY 40202**Current Mailing Address:**500 WEST MAIN STREET
LOUISVILLE, KY 40202 US**FEI Number:** 45-2823888**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 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:** SALVINA AMENTA-GRAY, VICE PRESIDENT

09/18/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MEMBER
Name VITALITY HOME CARE, INC.
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title PRESIDENT, HOME SOLUTIONS
Name ALLEN, LLOYD KIRK
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title ASSOCIATE VICE PRESIDENT, TAX
Name FELD, DANIEL KEVIN
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT & TREASURER
Name MARCOUX, JR., ROBERT MARTIN
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VP, CFO, HOME SOLUTIONS
Name MURPHREE, JACLYN MICHELLE
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VP, REVENUE CYCLE MANAGEMENT
Name TURNER, SEAN
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SECRETARY
Name DURALL, COURTNEY DANIELLE
Address 500 WEST 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 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: DANIEL KEVIN FELDASSOCIATE VICE
PRESIDENT, TAX

09/18/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date