

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

04/21/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MEMBER	Title	PRESIDENT, HOME SOLUTIONS
Name	VITALITY HOME CARE, INC.	Name	ALLEN, LLOYD KIRK
Address	500 WEST MAIN STREET	Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202	City-State-Zip:	LOUISVILLE KY 40202
Title	ASSOCIATE VICE PRESIDENT, TAX	Title	SENIOR VICE PRESIDENT, ENTERPRISE ASSOCIATE & BUSINESS SOLUTIONS
Name	FELD, DANIEL K	Name	EDWARDS, DOUGLAS ALLEN
Address	500 WEST MAIN STREET	Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202	City-State-Zip:	LOUISVILLE KY 40202
Title	VICE PRESIDENT & TREASURER	Title	VP, CFO, HOME SOLUTIONS
Name	MARCOUX, JR., ROBERT MARTIN	Name	MURPHREE, JACLYN MICHELLE
Address	500 WEST MAIN STREET	Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202	City-State-Zip:	LOUISVILLE KY 40202
Title	VP, ASSOCIATE GENERAL COUNSEL AND CORPORATE SECRETARY	Title	VP, REVENUE CYCLE MANAGEMENT
Name	RUSCHELL, JOSEPH MATTHEW	Name	TURNER, SEAN
Address	500 WEST MAIN STREET	Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202	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 FELD

ASSOCIATE VP, TAX

04/21/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date