

**2025 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L13000077551

**FILED**  
**Sep 18, 2025**  
**Secretary of State**  
**8773476669CC**

**Entity Name:** ONE HOME MEDICAL EQUIPMENT, 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:** 46-2894851

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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

09/18/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MEMBER	Title	ASSOCIATE VICE PRESIDENT, TAX
Name	ONE HOMECARE SOLUTIONS, LLC	Name	FELD, DANIEL KEVIN
Address	500 WEST MAIN STREET	Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202	City-State-Zip:	LOUISVILLE KY 40202
Title	PRESIDENT, HOME SOLUTIONS	Title	VP, STRATEGY ADVANCEMENT
Name	ALLEN, LLOYD KIRK	Name	HOUFF, CASSIE LEIGH
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, REVENUE CYCLE MANAGEMENT	Title	SECRETARY
Name	TURNER, SEAN	Name	DURALL, COURTNEY DANIELLE
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 VICE  
PRESIDENT, TAX**

09/18/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date