

2026 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000077551

Entity Name: ONE HOME MEDICAL EQUIPMENT, LLC

Current Principal Place of Business:

101 E. MAIN STREET
LOUISVILLE, KY 40202

Current Mailing Address:

101 E. 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

FILED
Jan 23, 2026
Secretary of State
6101487445CC

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: HELEN O'LEARY, VP& ASST. SECRETARY

01/23/2026

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MEMBER
Name ONE HOMECARE SOLUTIONS, LLC
Address 101 E. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title ASSOCIATE VICE PRESIDENT, TAX
Name FELD, DANIEL KEVIN
Address 101 E. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title PRESIDENT, HOME SOLUTIONS
Name ALLEN, LLOYD KIRK
Address 101 E. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VP, STRATEGY ADVANCEMENT
Name HOUFF, CASSIE LEIGH
Address 101 E. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT & TREASURER
Name MARCOUX, JR., ROBERT MARTIN
Address 101 E. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VP, REVENUE CYCLE MANAGEMENT
Name TURNER, SEAN
Address 101 E. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SECRETARY
Name DURALL, COURTNEY DANIELLE
Address 101 E. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title CFO
Name MELLET, CELESTE M
Address 101 E. 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: COURTNEY DANIELLE DURALL

SECRETARY

01/23/2026

Electronic Signature of Signing Authorized Person(s) Detail

Date