

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M23000007490

**Entity Name:** CHMG OF GRIFFIN, 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:** 54-2089075

**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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title CFO  
Name DIAMOND, SUSAN MARIE  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title PRESIDENT, HOME HEALTH  
Name BENOIT, SUSAN ELIZABETH  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title AUTHORIZED SIGNATORY,  
LICENSURE AND CERTIFICATION  
Name NICHOLS, JOHN  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title VP, ASSOCIATE GENERAL COUNSEL  
AND CORPORATE SECRETARY  
Name RUSCHELL, JOSEPH MATTHEW  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title MANAGER  
Name BENOIT, SUSAN ELIZABETH  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title MANAGER  
Name DIAMOND, SUSAN MARIE  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title MANAGER  
Name RUSCHELL, JOSEPH MATTHEW  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

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

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*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

**TAX DIRECTOR**

**03/11/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

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

Title SENIOR VICE PRESIDENT,  
ENTERPRISE ASSOCIATE &  
BUSINESS SOLUTIONS  
Name EDWARDS, DOUGLAS ALLEN  
Address 10501 10TH STREET  
City-State-Zip: WACONIA MN 55387