

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000054850 (0)**

1. Corporation Name

RESCARE HOME MEDICAL EQUIPMENT, INC.



Principal Place of Business

**9100 SHELBYVILLE RD. SUITE 345
LOUISVILLE KY 40222**

Mailing Address

**9100 SHELBYVILLE RD. SUITE 345
LOUISVILLE KY 40222**

2. Principal Place of Business

21 **305 N. Hurstbourne Pkwy**

Suite, Apt. #, etc.

22 **Suite 120**

City & State

23 **Louisville, KY**

Zip

24 **40222**

Country

25 **USA**

2a. Mailing Address

26 **305 N. Hurstbourne Pkwy**

Suite, Apt. #, etc.

27 **Suite 120**

City & State

28 **Louisville, KY**

Zip

29 **40222**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
07/25/1994

3a. Date of Last Report
05/30/1995

4. EIN Number

APPLIED FOR 61-1266336

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 190.032,
Florida Statutes Yes No

10. Name and Address of New Registered Agent

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **D GORDON, J. PAUL**
STREET ADDRESS **9100 SHELBYVILLE RD. SUITE 345**
CITY-ST-ZIP **LOUISVILLE KY 40222**

TITLE DELETE

NAME **D GORDON, BLAIR S**
STREET ADDRESS **9100 SHELBYVILLE RD. SUITE 345**
CITY-ST-ZIP **LOUISVILLE KY 40222**

TITLE DELETE

NAME **D GEARY, RONALD G**
STREET ADDRESS **1300 EMASSY SQUARE**
CITY-ST-ZIP **LOUISVILLE KY 40299**

TITLE DELETE

NAME **D FORNEAR, JAMES R**
STREET ADDRESS **1300 EMASSY SQUARE**
CITY-ST-ZIP **LOUISVILLE KY 40299**

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE: *Blair S. Gordon* **Blair S. Gordon**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE Change Addition

1 NAME **CEO**
2 NAME **Gordon, J. Paul**
3 STREET ADDRESS **305 N. Hurstbourne Pkwy-Suite 120**
4 CITY-ST-ZIP **Louisville, KY 40222**

TITLE Change Addition

7 NAME **President**
8 NAME **Gordon, Blair S.**
9 STREET ADDRESS **305 N. Hurstbourne Pkwy-Suite 120**
10 CITY-ST-ZIP **Louisville, KY 40222**

TITLE Change Addition

11 NAME **TSD**
12 NAME **Bibb, Peter J.**
13 STREET ADDRESS **1000 Abernathy Rd-Bldg 400-Suite 1825**
14 CITY-ST-ZIP **Atlanta, GA 30328**

TITLE Change Addition

15 NAME **Vice President**
16 NAME **Shaunnessy, George D.**
17 STREET ADDRESS **1000 Abernathy Rd-Bldg 400-Suite 1825**
18 CITY-ST-ZIP **Atlanta, GA 30328**

TITLE Change Addition

19 NAME **D**
20 NAME **Small, Harold W.**
21 STREET ADDRESS **1000 Abernathy Rd-Bldg 400-Suite 1825**
22 CITY-ST-ZIP **Atlanta, GA 30328**

TITLE Change Addition

23 NAME
24 STREET ADDRESS
25 CITY-ST-ZIP

26 NAME
27 STREET ADDRESS
28 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or in an attachment with an address.

4/1/96 **502-394-3100**

CR2E034 (12/95)