PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 418708

1. Corporation Name

COMMUNITY PSYCHIATRIC CENTERS OF FLORIDA, INC.

Principal Place of Busiless				
400 W MARKET	ST., STE., 3300			
LOUISVILLE KY	40202			

Mailing Address

400 W MARKET ST., STE., 3300 LOUISVILLE KY 40202

FILED May 12, 1999 8:00 am Secretary of State

05-12-1999 90007 049 ***150.00



US	US		DO NOT WRITE IN TH	IS SPACE
			3. Date incorporated or Qualifed 02/09/1973	
2. Principal Place of Business One Vencor	Place 2a. Mailing Address One Venco	r Place	4. FEI Number	Applied For
680 South Fourth Street	26 680 South Fourth St	reet	59-1482073	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State Louisville, KY	City & State 28 Louisville, KY		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 40202–2412 25 USA	Zip Cou 29 40202-2412 30 US	intry A	This corporation owes the current year Personal Property Tax.	ntangible
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD			ess (P.O. Box Number is Not Acceptable)	
PLANTATION FL 33324		83 . 84 City		85 Zip Code
C # 150 F		1 1 1	F	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. X DELETE See Attached List 11TM F TITLE LUNSFORD, BRUCE W. 1.2 NAME NAME 400 W MARKET ST., STE., 3300 1.3 STREET ADDRESS STREET ADDRESS **LOUISVILLE KY 40202** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE LANDEWICH, JOSEPH 2.2 NAME NAME One Vencor Place, 680 South Fourth Street 400 W MARKET ST., STE., 3300 2.3 STREET ADDRESS STREET ADDRESS LOUISVILLE KY 40202 2.4 CITY-ST-ZIP CITY-ST-ZIP X DELETE See Attached List ☐ Change **K** Addition C00 3.1 TITLE TITLE BARR, MICHAEL R 3.2 NAME NAME 400 W MARKET ST., STE., 3300 3.3 STREET ADDRESS STREET ADDRESS **LOUISVILLE KY 40202** 3.4. CITY-ST-ZIP CITY-ST-ZIP See Attached List Addition **▼** DELETE Change 4.1 TITLE TITLE REED, EARL W., III 4.2 NAME NAME 400 W MARKET ST., STE., 3300 4.3 STREET ADDRESS STREET ADDRESS **LOUISVILLE KY 40202** 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ DELETE Addition 5.1 TITLE TITLE 5.2 NAME LECHLEITER, RICHARD A NAME 5.3 STREET ADDRESS 400 W MARKET ST., STE., 3300 One Vencor Place, 680 South Fourth Street STREET ADDRESS **LOUISVILLE KY 40202** 5.4 CITY-ST-ZIP CITY-ST-ZIP X DELETE 6.1 TITLE See Attached List Change X Addition TITLE D 6.2 NAME LADT, THOMAS T NAME 6.3 STREET ADDRESS 400 W MARKET ST., STE., 3300 STREET ADDRESS **LOUISVILLE KY 40202** 64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 the receiver 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 if changed; or on an attachment with an address, with all other like empowered.

SIGNATURE:

Brian K. Wood

4/19/99

(502) 596-7300

Daytime Phone #

CR2E034 (11/98)

546681-90007-49 #418708

Community Psychiatric Centers of Florida, Inc.

Tuesday, February 09, 1999

DIRECTORS:

Jill L. Force

Director ,

Primary

One Vencor Place, 680 South Fourth Street

Address:

Louisville, KY 40202-2412

James H. Gillenwater, Jr.

Director

Primary

One Vencor Place, 680 South Fourth Street

Address:

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Richard A. Schweinhart

Director

Primary

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546681-90001-49. #418208

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