

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 418708

1. Entity Name

COMMUNITY PSYCHIATRIC CENTERS OF FLORIDA, INC.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90013 024 \*\*\*150.00

Principal Place of Business

Mailing Address

680 SOUTH 4TH ST  
LOUISVILLE KY 40202-2412  
US

680 SOUTH 4TH ST  
LOUISVILLE KY 40202-2407  
US

2. Principal Place of Business

3. Mailing Address

680 South Fourth Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Attn: Tax Dept

City & State

City & State

Louisville, KY

4. FEI Number

59-1482073

Applied For

Not Applicable

Zip

Country

Zip

Country

40202-2412

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FORCE, JILL L	
STREET ADDRESS	ONE VENCOR PLACE, 680 SOUTH 4TH ST	
CITY-ST-ZIP	LOUISVILLE KY 40202	
TITLE	S	<input type="checkbox"/> Delete
NAME	LANDEWICH, JOSEPH	
STREET ADDRESS	ONE VENCOR PLACE, 680 SOUTH 4TH ST	
CITY-ST-ZIP	LOUISVILLE KY 40202	
TITLE	P	<input type="checkbox"/> Delete
NAME	BATTAFARANO, FRANK J	
STREET ADDRESS	ONE VENCOR PLACE, 680 SOUTH 4TH ST	
CITY-ST-ZIP	LOUISVILLE KY 40202	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	CHAPMAN, RICHARD E	
STREET ADDRESS	ONE VENCOR PLACE, 680 SOUTH 4TH ST	
CITY-ST-ZIP	LOUISVILLE KY 40202	
TITLE	T	<input type="checkbox"/> Delete
NAME	LECHLEITER, RICHARD A	
STREET ADDRESS	ONE VENCOR PLACE, 680 SOUTH 4TH ST	
CITY-ST-ZIP	LOUISVILLE KY 40202	
TITLE	VPCB	<input checked="" type="checkbox"/> Delete
NAME	CONCES, GUY J	
STREET ADDRESS	ONE VENCOR PLACE, 680 SOUTH 4TH ST	
CITY-ST-ZIP	LOUISVILLE KY 40202	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	See attached list	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kuntz, Edward L.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	See attached list	
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature of Brian K. Wood*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian K. Wood

Date

Daytime Phone #

4/16/00 502-596-7300

CR2E034 (9/99)

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Arthur L. Rothgerber	Vice President, Reimbursement
Primary	680 South Fourth Street
Address:	Louisville, KY 40202-2412
Laurie A. Schadegg	Vice President, Rehabilitation Services
Primary	680 South Fourth Street
Address:	Louisville, KY 40202-2412
Robert E. Schmidt	Vice President, Finance, Health Services Division
Primary	680 South Fourth Street
Address:	Louisville, KY 40202-2412
Richard A. Schweinhart	Senior Vice President and Chief Financial Officer
Primary	680 South Fourth Street
Address:	Louisville, KY 40202-2412
Keith M. Sherman	Vice President, Human Resources and Labor Relations
Primary	<del>680 South Fourth Street</del>
Address:	Louisville, KY 40202-2412
Terry Tackett	Senior Vice President, Central Region
Primary	680 South Fourth Street
Address:	Louisville, KY 40202-2412
Jay H. Trumbo	Vice President, Finance-Vencare Pharmacy
Primary	680 South Fourth Street
Address:	Louisville, KY 40202-2412
David R. Windhorst	Vice President, Financial Systems Development
Primary	680 South Fourth Street
Address:	Louisville, KY 40202-2412
Brian K. Wood	Vice President, Tax
Primary	680 South Fourth Street
Address:	Louisville, KY 40202-2412

Date check issued: \_\_\_\_\_

Check number: \_\_\_\_\_



# Check Request

Please use TAB bar or your mouse to maneuver between fields. Please do not press RETURN.

<b>Today's date:</b> 04/11/00 (mm/dd/yy)	<b>Name of payee:</b> Department of State 642606
<b>Requester's name:</b> Nick Schaefer	<b>Facility name:</b>
<b>Daytime phone number:</b> ( ) - ( ) <b>Fax number:</b> ( ) - ( )	<b>Street address:</b>
<b>Facility number:</b> 4699 <b>Department/account number to be expensed:</b> 201	<b>City, state, ZIP:</b>
<b>Amount of check:</b> \$ 150.00	<b>Date needed:</b> / / (mm/dd/yy)

Description: Annual Report - CPCFL - FL

Account number: <u>24370</u>	Account name: _____
Account number: _____	Account name: _____
Account number: _____	Account name: _____
Account number: _____	Account name: _____
Account number: _____	Account name: _____
Account number: _____	Account name: _____
Account number: _____	Account name: _____
Account number: _____	Account name: _____
Account number: _____	Account name: _____

Please note any special handling instructions: Return to Nick Schaefer OVP-5

Lynn C. Kleiner  
Approved by (please print)

Lynn C. Kleiner  
Signature

4/11/00  
Date (mm/dd/yy)

418708  
00076704

**Community Psychiatric Centers of Florida, Inc.**

March 20, 2000

**DIRECTORS:**

James H. Gillenwater, Jr. Director

Primary 680 South Fourth Street  
Address: Louisville, KY 40202-2412

M. Suzanne Riedman Director

Primary 680 South Fourth Street  
Address: Louisville, KY 40202-2412

Richard A. Schweinhart Director

Primary 680 South Fourth Street  
Address: Louisville, KY 40202-2412

**OFFICERS OF MEDISAVE PHARMACIES, INC.:**

William M. Altman Vice President, Compliance

Primary 680 South Fourth Street  
Address: Louisville, KY 40202-2412

Frank J. Battafarano President, Hospital Division

Primary 680 South Fourth Street  
Address: Louisville, KY 40202-2412

Richard E. Chapman Senior Vice President, Information Systems

Primary 680 South Fourth Street  
Address: Louisville, KY 40202-2412

R. John Cowgill Vice President, Facilities Management

Primary 680 South Fourth Street  
Address: Louisville, KY 40202-2412

Garry D. Crain Vice President, Vencare Pharmacy

Primary 680 South Fourth Street  
Address: Louisville, KY 40202-2412

Michael D. Cress Vice President, Business Development

Primary 680 South Fourth Street  
Address: Louisville, KY 40202-2412

Owen E. Dorsey Chief Administrative Officer

Primary 680 South Fourth Street  
Address: Louisville, KY 40202-2412

Donald D. Finney President, Nursing Center Division

Primary 680 South Fourth Street  
Address: Louisville, KY 40202-2412

James H. Gillenwater, Jr. Senior Vice President, Planning and Development

Primary 680 South Fourth Street  
Address: Louisville, KY 40202-2412

Thomas L. Grissom Vice President, Government Affairs

Primary 680 South Fourth Street  
Address: Louisville, KY 40202-2412

Richard Gurka	Senior Vice President, Health Services Division
Primary	680 South Fourth Street
Address:	Louisville, KY 40202-2412
Vincent S. Hambricht	Senior Vice President, Pacific Region
Primary	680 South Fourth Street
Address:	Louisville, KY 40202-2412
Edward L. Kuntz	Chief Executive Officer and President
Primary	680 South Fourth Street
Address:	Louisville, KY 40202-2412
R. Daniel Lacy	Vice President, Finance, Hospital Division
Primary	680 South Fourth Street
Address:	Louisville, KY 40202-2412
Joseph L. Landenwich	Vice President, Corporate Legal Affairs and Corporate Secretary
Primary	680 South Fourth Street
Address:	Louisville, KY 40202-2412
Richard A. Lechleiter	Vice President, Finance, Corporate Controller and Treasurer
Primary	680 South Fourth Street
Address:	Louisville, KY 40202-2412
Sandra L. Long	Senior Vice President, South Region
Primary	680 South Fourth Street
Address:	Louisville, KY 40202-2412
Ruth A. Lusk	Vice President, Clinical Operations
Primary	680 South Fourth Street
Address:	Louisville, KY 40202-2412
Katheryn J. Markham	Vice President, Information Systems
Primary	680 South Fourth Street
Address:	Louisville, KY 40202-2412
Steven L. Monaghan	Senior Vice President, Midwest Region
Primary	680 South Fourth Street
Address:	Louisville, KY 40202-2412
Susan E. Moss	Vice President, Corporate Communications
Primary	680 South Fourth Street
Address:	Louisville, KY 40202-2412
James J. Novak	Senior Vice President, Southeast Region
Primary	680 South Fourth Street
Address:	Louisville, KY 40202-2412
John V. Oliver	Senior Vice President, Southwest Region
Primary	680 South Fourth Street
Address:	Louisville, KY 40202-2412
Brian L. Pugh	Senior Vice President, North Region
Primary	680 South Fourth Street
Address:	Louisville, KY 40202-2412
M. Suzanne Riedman	Senior Vice President and General Counsel
Primary	680 South Fourth Street
Address:	Louisville, KY 40202-2412