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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 648843 1. Corporation Name FLORIDA HOSPITAL PROPERTIES, INC.			
Principal Place of Business 400 W. MARKET ST SUITE 3300 LOUISVILLE KY 40202 US		Mailing Address 400 W. MARKET SUITE 3300 LOUISVILLE KY 40202 US	
2. Principal Place of Business One Vencor Place 21 680 South Fourth Street Suite, Apt. #, etc. 22 City & State 23 Louisville, KY Zip Country 24 40202-2412 25 USA		2a. Mailing Address One Vencor Place 26 680 South Fourth Street Suite, Apt. #, etc. 27 City & State 28 Louisville, KY Zip Country 29 40202-2412 30 USA	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO BARR, MICHAEL R 400 W. MARKET ST, SUITE 3300 LOUISVILLE KY 40202 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	See Attached Schedule <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD LUNSFORD, W. BRUCE 400 W. MARKET ST, SUITE 3300 LOUISVILLE KY 40202 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	See Attached Schedule <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCFO REED, W. EARL I 400 W. MARKET ST, SUITE 3300 LOUISVILLE KY 40202 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	See Attached Schedule <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LECHLEITER, RICHARD A. 400 W. MARKET ST, SUITE 3300 LOUISVILLE KY 40202 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition One Vencor Place, 680 South Fourth Street
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LADT, THOMAS T. 400 W. MARKET ST, SUITE 3300 LOUISVILLE KY 40202 <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	See Attached Schedule <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LANDENWICH, JOSEPH L. 400 W. MARKET ST, SUITE 3300 LOUISVILLE KY 40202 <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition One Vencor Place, 680 South Fourth Street

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/99

Date

(502) 596-7300

Daytime Phone #

CR2E034 (11/98)

One Vencor Place, 680 South Fourth Street
Louisville, KY 40202-2412

Florida Hospital Properties, Inc.

R. John Cowgill Vice President, Facilities Management

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

544893-9003211
648843

Donald D. Finney President, Nursing Center Division

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

Jill L. Force Senior Vice President, General Counsel and Secretary

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

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

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

Thomas L. Grissom Vice President, Government Affairs

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

Richard Gurka Senior Vice President, Central Region

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

Cecelia A. Hagan Vice President, Human Resources

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

Vincent S. Hambright Senior Vice President, Pacific Region

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

Edward L. Kuntz Chief Executive Officer and President

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

Joseph L. Landenwich Assistant Secretary

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

Florida Hospital Properties, Inc.

Richard A. Lechleiter

Vice President, Finance and Corporate Controller

544 893-9003 ext 11

Primary
Address:

One Vencor Place, 680 South Fourth Street
Louisville, KY 40202-2412

648843

Katheryn J. Markham

Vice President, Information Systems

Primary
Address:

One Vencor Place, 680 South Fourth Street
Louisville, KY 40202-2412

Steven L. Monaghan

Senior Vice President, Midwest Region

Primary
Address:

One Vencor Place, 680 South Fourth Street
Louisville, KY 40202-2412

Anne M. Nipp

Senior Vice President, South Region

Primary
Address:

One Vencor Place, 680 South Fourth Street
Louisville, KY 40202-2412

James J. Novak

Senior Vice President, Southeast Region

Primary
Address:

One Vencor Place, 680 South Fourth Street
Louisville, KY 40202-2412

John V. Oliver

Senior Vice President, Southwest Region

Primary
Address:

One Vencor Place, 680 South Fourth Street
Louisville, KY 40202-2412

Bobby R. Palmer

Senior Vice President, Mid America Region

Primary
Address:

One Vencor Place, 680 South Fourth Street
Louisville, KY 40202-2412

Brian L. Pugh

Senior Vice President, North Region

Primary
Address:

One Vencor Place, 680 South Fourth Street
Louisville, KY 40202-2412

M. Suzanne Riedman

Vice President and Assistant General Counsel

Primary
Address:

One Vencor Place, 680 South Fourth Street
Louisville, KY 40202-2412

Florida Hospital Properties, Inc.

Thomas M. Schuhmann

Vice President, Reimbursement

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

544893-9003211
648843

Richard A. Schweinhart

Senior Vice President and Chief Financial Officer

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

T. Stephen Turner

Senior Vice President, West Region

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

David R. Windhorst

Vice President, Financial Systems Development

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

Brian K. Wood

Vice President, Tax

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