## 2000 UNIFORM BUSINESS REPORT (UBR)

#### FILED DOCUMENT # 648843 Apr 27, 2000 8:00 am Secretary of State 1. Entity Name FLORIDA HOSPITAL PROPERTIES, INC. 04-27-2000 90024 029 \*\*\*150.00 Principal Place of Business Mailing Address ONE VENCOR PL ONE VENCOR PL 680 SOUTH FOURTH ST 680 SOUTH FOURTH ST LOUISVILLE KY 40202-2412 LOUISVILLE KY 40202-2407 3. Mailing Address 2. Principal Place of Business 680 South Fourth Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Attn: Tax Dept 4. FEI Number Applied For City & State City & State 95-3764551 Not Applicable Louisville, ΚY Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 40202-2412 USÁ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD **PLANTATION FL 33324** 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. **11. 图记行名 强副** Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition PAS TITLE Y Change TITLE ☐ Delete BATTAFARANO, FRANK J NAME NAME Kuntz, Edward L. ONE VENCOR PL, 680 SOUTH FOURTH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **LOUISVILLE KY 40202** CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE ALTMAN, WILLIAM M NAME NAME ONE VENCOR PL, 680 SOUTH FOURTH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LOUISVILLE KY 40202** ☐ Delete 🤝 🖫 Change ☐ Addition TITLE TITLE CHAPMAN, RICHARD E NAME V NAME ONE VENCOR PL, 680 SOUTH FOURTH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LOUISVILLE KY 40202** ☐ Delete TITLE (X) Change ☐ Addition TITLE LECHLEITER, RICHARD A. NAME NAME ONE VENCOR PL, 680 SOUTH FOURTH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LOUISVILLE KY 40202** Change X Addition Delete TITLE FORCE, JILL L NAME NAME See attached list STREET ADDRESS ONE VENCOR PL, 680 SOUTH FOURTH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LOUISVILLE KY 40202** ☐ Delete Change ☐ Addition TITLE TITLE LANDENWICH, JOSEPH L. NAME NAME ONE VENCOR PL. 680 SOUTH FOURTH ST STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

**LOUISVILLE KY 40202** 

CITY-ST-ZIP

Brian K. Wood

502-596-7300

March 20, 2000

# 648843 0007675

### **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.:

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President, Hospital Division

**Primary** 

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**Primary** Address:

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10076751 March 20, 2000

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Primary
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Primary Address: 680 South Fourth Street Louisville, KY 40202-2412 Florida Hospital Properties, Inc.

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-Primary -

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