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PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

F9400003755 (5)

VENCARE, INC.

FILED May 01 1998 8:00am Secretary of State



Principal Plans of Rusinoss Mailing Address					F 1803400 SAID SAIR BARRA MARIA MARIA MARIA MARIA MARIA ANIMA ANIMA MARIA MARIA MARIA MARIA MARIA MARIA			
Principal Place of Business Mailing Address			_					
3300 PROVID	3300 PROVIDIAN CENTER	R						
400 W. Market St. Louisyille ky 40202		400 W. MARKET ST. Louisville Ky 40202			DO NOT MORE IN THIS OF	DO ALOT IMPLIES IN THIS ODA OF		
LOUISTILLE	THE THE LACE	LOUISVILLE AT TURUE			DO NOT WRITE IN THIS SP 3. Date incorporated or Qualified	AUE		
					07/18/1994			
`	Place of Business	2a. Mailing Address			4. FEI Number	Applied For		
21		26			61-1264993	Not Applicable		
Suite, Apt		Suite, Apt. #, etc.				\$8.75 Additional		
22 400 W. Market St., Ste. 3300		27 400 W. Market St., Ste. 3300		e. <u>3300</u>	5. Oblimeate of dialida besided	Fee Regulred		
City & Sta	te .	City & State			6. Election Campaign Financing	\$5.00 May Be		
23		28			Trust Fund Contribution	Added to Fees		
ΖŧÞ	Country	Z _i p	Coun	itry	8. This corporation owes or has paid the current	nt year Intangible		
24	25	29	30		Personal Property Tax due June 30.	Yes No		
	9. Name and Address of Curren	t Registered Agent			Name and Address of New Registered Ag	ent		
	T CORPORATION SYSTEM		-	31 Name	•			
1200 \$. PINE ISLAND RD.				32 Street	Address (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324			'	30000	. Address (r.:O. Dox Humber Is Not Acceptable)			
			i li	33				
			-	34 City	FL	85 Zip Code		
11. Pursuant	to the provisions of Sections 607.0503	2 and 607, 1508, Florida Statut	es, the abo	ove-named	d corporation submits this statement for the purpose of corporation's board of directors. I hereby accept the appoint	nanging its registered		
SIGNATURE	Signature: typod or printed name of registered ages		E flagistered .	Agent signatur	e required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND D	NDECTORS IN 12		
TITLE	VPD OFFICERS AIN.	DELETE		<u> </u>		Change Addition		
	BARR, MICHAEL R		1.1 TITL		<u>-</u>	T CHANGE THE MOUNT		
NAME	400 W. MARKET ST.		1.2 NAN		AM III Mordent Ct. Ct. 2200			
STREET ADDRESS	LOUISVILLE KY		1.3 STR	FET ADDRESS	400 W. Market St., Ste. 3300			
CITY-ST-ZIP	8	T DECEMBE		'-ST-ZIP				
TITLE	•	☐ DELETE	2.1 TITL			Change Addition		
NAME	FORCE, JILL L		2.2 NAM	1E	Joseph L. Landenwich			
STREET ADDRESS	400 W. MARKET ST.		2.3 STR	EET ADDRESS	400 W. Market St., Ste. 3300			
CITY-\$T-ZIP	LOUISVILLE KY 40202		2. 4 CIT	Y-ST-ZIP				
TITLE	VP	DELETE	3.1 TITL	E	K	Change Addition		
NAME	WINDHORST, DAVID R		3.2 NAM	lE .				
STREET ADDRESS	3300 PROVIDIAN CENTER		33 STR	FET ADDRESS	400 W. Market St., Ste. 3300			
CITY-ST-ZIP	LOUISVILLE KY		3 4. CIT	Y-ST-ZIP				
TITLE	DP	DELETE	4 1 TiTL		<u> </u>	Change		
NAME	LUNSFORD, W. BRUCE		4 2 NA	M E				
STREET ADDRESS	400 W. MARKET ST.		4.3 STRI	EET ADDRESS	400 W. Market St., Ste. 3300			
CITY-ST-ZIP	LOUISVILLE KY			-ST-ZIP				
TITLE	VPD	DELETE	5.1 TITL		T	Change Addition		
NAME	REED, W. EARL III	-	5.2 NAM					
STREET ADDRESS	400 W. MARKET ST.			ET ADDRESS	600 W Monday Ct. Ct. Co.			
	LOUISVILLE KY		i i		400 W. Market St., Ste. 3300			
CITY-ST-ZIP	AS	DELETE		-ST-ZIP		Change Addition		
TITLE	LEVERING, MARIA M	□ nerceit	6.1 T(1)			Triange [_] Add(00)		
NAME	400 W MARKET ST		6.2 NAM		Jill L. Force			
STREET ADDRESS				ET ADDRESS	400 W. Market St., Ste. 3300			
CITY-ST-ZIP	LOUISEVILLE KY		6 A CITY	- ST - 7tP	i			

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 is true and accurate and that my signature shall have the same logal 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.

Vencare, 4nc.

DIRECTORS

Michael R. Barr

Director

Primary Address:

400 West Market Street, Suite 3300

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W. Bruce Lunsford

Director

Primary Address: 40

400 West Market Street, Suite 3300

Louisville, KY 40202

W. Earl Reed, III

Director

Primary Address:

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Louisville, KY 40202

OFFICERS

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Vice President, Clinical Operations

Primary Address:

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Chief Operating Officer and Executive Vice President

. Primary Address:

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Senior Vice President, Central Region

Primary Address:

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Vice President, Northeast Region

Primary Address:

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Secretary

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Primary Address:

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Chairman of the Board, President, and Chief Executive Officer

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