**FILED** 

May 10, 1999 8:00 am Secretary of State

05-10-1999 90246 035 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9500000770

1. Corporation Name

PERSONACARE OF ST. PETERSBURG, INC.

					<del> </del>	8661 <b>66</b> 614 <b>66</b> 141 <b>66</b> 41		IIC <b>88</b> 12 1981	
Principal Place of Business Mailing Address									
400 WEST MARKET STREET 400 WEST MARKET STREET									
SUITE 3300		SUITE 3300				DO HOT INCITE IN THE OPING			
LOUISVILLE KY		UISVILLE KY 40202			DO NOT WRITE IN THIS SPACE				
us us					3. Date Incorporated or Qualifed 02/15/1995				
2. Principal Place of Business One Vencor Placeza. Mailing Address One Venco				cor Place		1		ed For_	
21 680 South Fourth Street 26 680 Sc			South Furth Street			59-3290525	Not Applicable		
Suite, Apt.	Suite, Apt. #, e	Suite, Apt. #, etc.			5. Certifcate of Status Desired	¬ \$8.	<b>75</b> Add	ditional	
22	•	27				5. Certificate of Status Desired	F	ee Requ	ired
City & State	ille, KY	City & State Louisville	KY			Election Campaign Financing     Trust Fund Contribution		. <b>00</b> м ided to	
Zip	Country	Zip		untry		8. This corporation owes the current	vear Intangible		
40202-24	12 <sub>25</sub> USA	29 40202-2412		USA		Personal Property Tax.	[X] Yes		]No
24	9. Name and Address of Current	120	1301	1		10. Name and Address of New Reg			
S. Hame and Address of Carrott (Cycles of Systems 1991)									
C T CORPORATION SYSTEM							<del> </del>		
1200 SOUTH PINE ISLAND ROAD				82	Street Ad	dress (P.O. Box Number is Not Acceptable	)		
PLANTATION FL 33324				83					
•				84	City		FL 85	Zip Co	de
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abo						rporation submits this statement for the pur	pose of changi	ng its re	gistered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change	was authorize 5 Florida Sta	ed by t	he corpora	tion's board of directors. I hereby accept the	e appointment	as regis	stered
-		,	35, 1 londa ola	itutos.					
SIGNATURE	Signature, typed or printed name of registered agent	ired when reinstating)	DATE		— Ì				
12.	OFFICERS AND		13			ADDITIONS/CHANGES TO OFFIC	ERS AND DIRI	ECTOR	S IN 12
TITLE	PCEO	X DEL	TE 1.11	TTLE		See Attached List	☐ Ch	ange	<b>★</b> Addition
NAME	LUNFORD, W. BRUCE		1.21	NAME					
STREET ADDRESS	400 WEST MARKET STREET, SU	JITE 3300	1.3 5	STREET	ADDRESS				ı
CITY-ST-ZIP	LOUISVILLE KY 40202			CITY-ST					
TITLE	C00	X DEL		MTLE		See Attached List	☐ Ch	ange	<b>★</b> Addition
NAME	BARR, MICHAEL R			NAME				_	
	400 WEST MARKET STREET, SU	ILLE 3300			ADDRESS				
STREET ADDRESS	LOUISVILLE KY 40202	/ITE 3300							ļ
CITY-ST-ZIP	CFO	<b>₩</b> DEL		CITY-ST		See Attached List	☐ Ch:	ange	Addition
TITLE	REED, W. EARL III	X DEC	4	NAME	-	See ALLACHER LIST		· a	X
NAME		HTC 2200							ļ
STREET ADDRESS	400 WEST MARKET STREET, SU	AIE 3300			ADDRESS				
CITY-ST-ZIP	LOUISVILLE KY 40202			CITY-ST	- ZIP				Addition
TITLE	SVGC	☐ DEL		IMLE			<b>ý</b> ∏ Ch	ange	☐ Addition
NAME	FORCE, JILL L		4. 2	NAME	ľ				
STREET ADDRESS	400 WEST MARKET STREET, SU	ITTE 3300	433	STREET	ADDRESS	One Vencor Place, 680 South	Fourth Str	reet	
CITY-ST-ZIP	LOUISVILLE KY 40202			CITY-ST	ZIP				
TITLE	VPF	☐ DEL	TE 5.11	TITLE			🙀 Chi	ange	☐ Addition
NAME	LECHLEITER, RICHARD A		5.21	NAME					
	AND WEST MADIST STORET SI	HTE 2200	630	TPEET.	ADDRESS	One Vencor Place 680 South	Fourth Str	-oot	{

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.

5.4 CITY-ST-ZIP

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

61 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

**LOUISVILLE KY 40202** 

**LOUISVILLE KY 40202** 

400 WEST MARKET STREET, SUITE 3300

WOOD, BRIAN K

Brian K. Wood

DELETE

One Vencor Place, 680 South Fourth Street

🙀 Change

☐ Addition

## PersonaCare of St. Petersburg, Inc.

538117-90246-35 F9500000170

**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:

Louisville, KY 40202-2412

Richard A. Schweinhart

Director

Primary

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Address:

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OFFICERS:

William M. Altman

Vice President, Compliance

Primary

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Address:

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Primary

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Frank J. Battafarano

President, Hospital Division

Primary

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Richard E. Chapman

Senior Vice President, Information Systems

Primary

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Address:

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J. Guy Conces

Vice President, Clinical/Business Systems Development

= ::

= :=:

Primary

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Address:

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R. John Cowgill

Vice President, Facilities Management

Primary

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President, Nursing Center Division

Primary

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Katheryn J. Markham

Vice President, Information Systems

Primary

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Address:

**=** ::::

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Senior Vice President, Midwest Region

Primary

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Susan E. Moss

Vice President, Corporate Communications

**Primary** 

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Senior Vice President, South Region

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Senior Vice President, Southwest Region

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Vice President and Assistant General Counsel

Primary

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Vice President, Reimbursement

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Senior Vice President and Chief Financial Officer

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Vice President, Tax

Primary

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Edward L. Kuntz

Chief Executive Officer and President

Primary

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Address: Louisville,

Louisville, KY 40202-2412

T. Stephen Turner

Senior Vice President, West Region

Primary

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