2001 UNIFORM BUSINESS REPORT (UBR) FILED May 22, 2001 8:00 am Secretary of State F95000000770 DOCUMENT # 1. Entity Name 05-22-2001 90793 042 ***150.00 PERSONACARE OF ST. PETERSBURG, INC. Principal Place of Business Mailing Address **680 SOUTH FOURTH STREET 680 SOUTH FOURTH STREET** ATTN: TAX DEPARTMENT ATTN: TAX DEPARTMENT LOUISVILLE, KY 40202 LOUISVILLE, KY 40202 553059 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3290525 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code City FL 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) 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, 2001 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition PRESIDENT Change TITLE ☐ Delete TITLE EDWARD L. KUNTZ NAME **680 SOUTH FOURTH STREET** STREET ADDRESS STREET ADDRESS LOUISVILLE, KY 40202 CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition TREASURER TITLE ☐ Delete TITLE RICHARD A. LECHLEITER NAME NAME **680 SOUTH FOURTH STREET** STREET ADDRESS STREET ADDRESS LOUISVILLE, KY 40202 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition **SECRETARY** Delete TITLE TITLE JOSEPH L. LANDENWICH NAME 680 SOUTH FOURTH STREET STREET ADDRESS STREET ADDRESS LOUISVILLE, KY 40202 CITY-ST-ZIP CITY-ST-ZIE Addition VICE PRESIDENT ☐ Delete TITLE ☐ Change TITLE MICHAEL E. MOAD NAME NAME 680 SOUTH FOURTH STREET STREET ADDRESS STREET ADDRESS LOUISVILLE, KY 40202 CITY-ST-ZIF CITY-ST-ZIE Addition SR VICE PRESIDENT ☐ Delete TITLE Change TITLE RICHARD A. SCHWEINHART NAME STREET ADDRESS STREET ADDRESS 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202 CITY-ST-ZIP CITY-ST-ZIE □ Change ☐ Addition ☐ Delete TITLE TITLE SR VICE PRESIDENT

13. I hereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

JAMES H. GILLENWATER, JR

680 SOUTH FOURTH STREET

LOUISVILLE, KY 40202

NAME

STREET ADDRESS

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MICHAEL E. MOAD

502-596-7300

CR2E034 (11/00)



Personacare of St. Petersburg, Inc.

553059

DIRECTORS

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M. Suzanne Riedman

Director

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Attachment# F4500000770 753059

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