

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

**DOCUMENT # F95000000770**

**1. Entity Name**  
**PERSONACARE OF ST. PETERSBURG, INC.**

05-14-2002 90017 039 \*\*\*150.00

**Principal Place of Business**

**680 SOUTH FOURTH STREET**  
**ATTN: TAX DEPT**  
**LOUISVILLE KY 40202**  
**US**

**Mailing Address**

**680 SOUTH FOURTH STREET**  
**ATTN: TAX DEPT**  
**LOUISVILLE KY 40202**  
**US**

**680 SOUTH FOURTH STREET**  
**ATTN: TAX DEPT**  
**LOUISVILLE KY 40202**  
**US**

**680 SOUTH FOURTH STREET**  
**ATTN: TAX DEPT**  
**LOUISVILLE KY 40202**  
**US**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

**59-3290525**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

City

**FL**

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.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)**

☒

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.**

☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **P** ☐ Delete  
**NAME** **KUNTZ, EDWARD L**  
**STREET ADDRESS** **680 SOUTH FOURTH STREET**  
**CITY-ST-ZIP** **LOUISVILLE KY 40202**

**TITLE** **P** ☒ Change ☐ Addition  
**NAME** **KUNTZ, EDWARD L**  
**STREET ADDRESS** **680 SOUTH FOURTH STREET**  
**CITY-ST-ZIP** **LOUISVILLE, KY 40202**

**TITLE** **T** ☐ Delete  
**NAME** **WINDHORST, DAVID R**  
**STREET ADDRESS** **680 SOUTH FOURTH STREET**  
**CITY-ST-ZIP** **LOUISVILLE KY 40202**

**TITLE** **T** ☐ Change ☐ Addition  
**NAME** **WINDHORST, DAVID R**  
**STREET ADDRESS** **680 SOUTH FOURTH STREET**  
**CITY-ST-ZIP** **LOUISVILLE KY 40202**

**TITLE** **S** ☐ Delete  
**NAME** **WOOD, BRIAN K**  
**STREET ADDRESS** **680 SOUTH FOURTH STREET**  
**CITY-ST-ZIP** **LOUISVILLE KY 40202**

**TITLE** **S** ☒ Change ☐ Addition  
**NAME** **WOOD, BRIAN K**  
**STREET ADDRESS** **680 SOUTH FOURTH STREET**  
**CITY-ST-ZIP** **LOUISVILLE, KY 40202**

**TITLE** **VP** ☐ Delete  
**NAME** **COWGILL, JOHN R**  
**STREET ADDRESS** **680 SOUTH FOURTH STREET**  
**CITY-ST-ZIP** **LOUISVILLE KY 40202**

**TITLE** **VP** ☒ Change ☐ Addition  
**NAME** **COWGILL, JOHN R**  
**STREET ADDRESS** **680 SOUTH FOURTH STREET**  
**CITY-ST-ZIP** **LOUISVILLE, KY 40202**

**TITLE** **SVP** ☐ Delete  
**NAME** **LECHLEITER, RICHARD A**  
**STREET ADDRESS** **680 SOUTH FOURTH STREET**  
**CITY-ST-ZIP** **LOUISVILLE KY 40202**

**TITLE** **SVP** ☐ Change ☐ Addition  
**NAME** **LECHLEITER, RICHARD A**  
**STREET ADDRESS** **680 SOUTH FOURTH STREET**  
**CITY-ST-ZIP** **LOUISVILLE KY 40202**

**TITLE** **SVP** ☐ Delete  
**NAME** **CRAIN, GARRY D**  
**STREET ADDRESS** **680 SOUTH FOURTH STREET**  
**CITY-ST-ZIP** **LOUISVILLE KY 40202**

**TITLE** **SVP** ☒ Change ☐ Addition  
**NAME** **CRAIN, GARRY D**  
**STREET ADDRESS** **680 SOUTH FOURTH STREET**  
**CITY-ST-ZIP** **LOUISVILLE, KY 40202**

**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.**

**SIGNATURE:**

**SIGNATURE RICHARD A. LECHLEITER**

**502-596-7300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

*Attachment*

F95000000770

**Personacare of St. Petersburg, Inc.**

**DIRECTORS**

**James H. Gillenwater, Jr.** Director  
Primary Address: 680 South Fourth Avenue  
Louisville, KY 40202

**M. Suzanne Riedman** Director  
Primary Address: 680 South Fourth Avenue  
Louisville, KY 40202

**Richard A. Lechleiter** Director  
Primary Address: 680 South Fourth Avenue  
Louisville, KY 40202

**OFFICERS**

**William M. Altman** Vice President, Compliance and Government Relations  
Primary Address: 680 South Fourth Avenue  
Louisville, KY 40202

**Frank J. Battafarano** President, Hospital Division  
Primary Address: 680 South Fourth Avenue  
Louisville, KY 40202

**Lane M. Bowen** Senior Vice President, Pacific Region  
Primary Address: 680 South Fourth Avenue  
Louisville, KY 40202

**Richard E. Chapman** Chief Administrative and Information Officer and Senior Vice President  
Primary Address: 680 South Fourth Avenue  
Louisville, KY 40202

**R. John Cowgill** Vice President, Facilities Management  
Primary Address: 680 South Fourth Avenue  
Louisville, KY 40202

**Paul J. Diaz** President and Chief Operating Officer  
Primary Address: 680 South Fourth Avenue  
Louisville, KY 40202

**Paul R. Eiseman** Vice President, Business Development; Hospital Division  
Primary Address: 680 South Fourth Avenue  
Louisville, KY 40202

**Dennis J. Ertel** Vice President, Clinical/Business Systems Development  
Primary Address: 680 South Fourth Avenue  
Louisville, KY 40202-2412

**James R. Fegan, MD** Chief Medical Officer, Health Services Division  
Primary Address: 680 South Fourth Avenue  
Louisville, Kentucky 40202

**Donald D. Finney** President, Health Services Division  
Primary Address: 680 South Fourth Avenue  
Louisville, Kentucky 40202

<b>James H. Gillenwater, Jr.</b> Primary Address:	<b>Senior Vice President, Planning and Development</b> 680 South Fourth Avenue Louisville, KY 40202
<b>Richard Gurka</b> Primary Address:	<b>Senior Vice President, Health Services Division</b> 680 South Fourth Avenue Louisville, KY 40202
<b>Dennis J. Hansen</b> Primary Address:	<b>Vice President, Reimbursement; Health Services Division</b> 680 South Fourth Avenue Louisville, Kentucky 40202
<b>Donna G. Kelsey</b> Primary Address:	<b>Senior Vice President, Northeast Region</b> 680 South Fourth Avenue Louisville, KY 40202
<b>Edward L. Kuntz</b> Primary Address:	<b>Chief Executive Officer</b> 680 South Fourth Avenue Louisville, Kentucky 40202
<b>Joseph L. Landenwich</b> Primary Address:	<b>Vice President, Corporate Legal Affairs and Corporate Secretary</b> 680 South Fourth Avenue Louisville, KY 40202
<b>Richard A. Lechleiter</b> Primary Address:	<b>Senior Vice President, Chief Financial Officer and Treasurer</b> 680 South Fourth Avenue Louisville, KY 40202
<b>Ruth A. Lusk</b> Primary Address:	<b>Vice President, Clinical Operations</b> 680 South Fourth Avenue Louisville, KY 40202
<b>Katheryn J. Markham</b> Primary Address:	<b>Vice President, Information Systems</b> 680 South Fourth Avenue Louisville, KY 40202
<b>Mark A. McCullough</b> Primary Address:	<b>Vice President, Pharmacy Services</b> 680 South Fourth Avenue Louisville, KY 40202-2412
<b>Steven L. Monaghan</b> Primary Address:	<b>Senior Vice President, Midwest Region</b> 680 South Fourth Avenue Louisville, KY 40202
<b>Susan E. Moss</b> Primary Address:	<b>Vice President, Corporate Communications</b> 680 South Fourth Avenue Louisville, KY 40202
<b>Sean R. Muldoon, MD, MPH</b> Primary Address:	<b>Chief Medical Officer; Hospital Division</b> 680 South Fourth Avenue Louisville, KY 40202-2412
<b>James J. Novak</b> Primary Address:	<b>Senior Vice President, Southeast Region</b> 680 South Fourth Avenue Louisville, KY 40202
<b>M. Suzanne Riedman</b> Primary Address:	<b>Senior Vice President and General Counsel</b> 680 South Fourth Avenue Louisville, KY 40202

Attachment #

F95000000770

Personacare of St. Petersburg, Inc.

**Arthur L. Rothgerber**  
Primary Address:

**Vice President, Reimbursement**  
680 South Fourth Avenue  
Louisville, KY 40202

**Robert E. Schmidt**  
Primary Address:

**Vice President, Finance; Health Services Division**  
680 South Fourth Avenue  
Louisville, KY 40202

**Keith M. Sherman**  
Primary Address:

**Vice President, Human Resources and Labor Relations**  
680 South Fourth Avenue  
Louisville, KY 40202

**David R. Stordy**  
Primary Address:

**Senior Vice President, South Region**  
680 South Fourth Avenue  
Louisville, KY 40202-2412

**Terry Tackett**

Primary Address:

**Senior Vice President, Central Region**

680 South Fourth Avenue  
Louisville, KY 40202

**T. Stephen Turner**  
Primary Address:

**Senior Vice President, West Region**  
680 South Fourth Avenue  
Louisville, KY 40202

**Anthony P Whitehead**  
Primary Address:

**Vice President, Finance; Hospital Division**  
680 South Fourth Avenue  
Louisville, KY 40202-2412

**David R. Windhorst**  
Primary Address:

**Vice President, Financial Systems Development**  
680 South Fourth Avenue  
Louisville, KY 40202