2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F95000000771 Apr 27, 2000 8:00 am Secretary of State 1. Entity Name PERSONACARE OF POMPANO EAST, INC. 04-27-2000 90024 023 ***150.00 Principal Place of Business Mailing Address 680 SOUTH FOURTH STREET 680 SOUTH FOURTH STREET LOUISVILLE KY 40202 LOUISVILLE KY 40202-2407 US 2. Principal Place of Business 3. Mailing Address 680 South Fourth Street Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Attn: Tax Dept City & State 4. FEI Number Applied For City & State 65-0549911 Not Applicable Louisville, ΚY Zip Country Country \$8.75 Additional 5. Certificate of Status Desired USA 40202-2412 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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. 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) ; 145 Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **VPO** ☐ Change X Addition **□**XDelete TITLE TITLE WOOD, BRIAN NAME NAME See attached list STREET ADDRESS STREET ADDRESS 1 VENCOR PLACE 680 SOUTH 4TH ST CITY-ST-ZIP CITY-ST-7IP **LOUISVILLE KY 40202** ☐ Change Addition ☐ Delete TITLE TITLE WINDHORST, DAVID R NAME NAME 1 VENCOR PLACE 680 SOUTH 4TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LOUISVILLE KY 40202 ☐ Change ☐ Addition ☐ Delete TITLE TITLE SCHWEINHART, RICHARD A STREET ADDRESS 1 VENCOR PLACE 680 SOUTH 4TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LOUISVILLE KY 40202 Addition SVGC ☐ Change X Delete TITLE TITLE FORCE, JILL L NAME NAME See attached list 1 VENCOR PLACE 680 SOUTH 4TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LOUISVILLE KY 40202** ☐ Change ☐ Addition TITLE ☐ Delete TITLE LECHLEITER, RICHARD A NAME 1 VENCOR PLACE 680 SOUTH 4TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LOUISVILLE KY 40202** VPT Change Addition TITLE ☐ Delete TITLE WOOD, BRIAN K NAME NAME 1 VENCOR PLACE 680 SOUTH 4TH 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

4/18/00

502-596-7300

ate

Daytime Phone #

CHZEUS

:;

DIRECTORS:

James H. Gillenwater, Jr.

Director

Primary

680 South Fourth Street

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M. Suzanne Riedman

Director

Primary

680 South Fourth Street

Address:

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Richard A. Schweinhart

Director

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OFFICERS OF MEDISAVE PHARMACIES, INC.:

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Vice President, Compliance

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