

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-14-2002 90058 049 ***150.00

DOCUMENT # F95000000771

1. Entity Name

PERSONACARE OF POMPANO EAST, INC.

Principal Place of Business

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

Mailing Address

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

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 ATTN: TAX DEPARTMENT
 LOUISVILLE KY 40202
 US

680 SOUTH FOURTH STREET
 ATTN: TAX DEPARTMENT
 LOUISVILLE KY 40202
 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0549911

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

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) Etc.

**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 40202-2412**

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

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

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

TITLE **S** ☐ Delete
 NAME **LANDENWICH, JOSEPH L**
 STREET ADDRESS **680 SOUTH FOURTH STREET**
 CITY-ST-ZIP **LOUISVILLE KY 40202**

TITLE **S** ☐ Change ☐ Addition
 NAME **LANDENWICH, JOSEPH L**
 STREET ADDRESS **680 SOUTH FOURTH STREET**
 CITY-ST-ZIP **LOUISVILLE KY 40202**

TITLE **VP** ☐ Delete
 NAME **MOAD, MICHAEL E**
 STREET ADDRESS **680 SOUTH FOURTH ST**
 CITY-ST-ZIP **LOUISVILLE KY 40202-2412**

TITLE **VP** ☒ Change ☐ Addition
 NAME **M. SUZANNE REIDMAN**
 STREET ADDRESS **680 SOUTH FOURTH STREET**
 CITY-ST-ZIP **LOUISVILLE, KY 40202**

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

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

TITLE **SVP** ☐ Delete
 NAME **GILLENWATER, JAMES H JR**
 STREET ADDRESS **680 SOUTH FOURTH STREET**
 CITY-ST-ZIP **LOUISVILLE KY 40202**

TITLE **SVP** ☐ Change ☐ Addition
 NAME **GILLENWATER, JAMES H JR**
 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:

RICHARD A. LECHLEITER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

502-596-7300

Date

Daytime Phone #

CR2E034 (9/01)