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(502) 596-7300

Daytime Phone #

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FILED 'FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT May 14 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # F95000000772 (2) 1. Corporation Name PersonaCare of Pompano West, Inc. Principal Place of Business Mailing Address 400 West Market Street, Suite 3300 400 West Market Street, Suite 3300 DO NOT WRITE IN THIS SPACE Louisville, KY 40202 Louisville, KY 40202 3. Date incorporated or Qualified 02/15/1995 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 65-0549925 26 400 West Market Street 21 400 West Market Street Not Applicable Suite, Apt. #, etc. Sulte, Apt. #, etc. Certificate of Status Desired \$8.75 Additional **Suite 3300 Suite 3300** Fee Required City & State City & State Election Campaign Financing \$5.00 May Be Louisville, KY Louisville, KY Trust Fund Contribution Added to Fees Country Zip Country This corporation owes or has paid the current year Intangible 29 40202 24 40202 25] US 30 US Personal Property Tax due June 30: X Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name The Prentice-Hall Corporation System, Inc. Street Address (P.O. Box Number is Not Acceptable) 82 1201 Hays Street, Suite 105 -05/19/98--01053---005 83 Tallahassee, FL 32301 ***150.00 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. President, CEO TITLE X DELETE 1.1 TITLE X Addition NAME Bardis, John A. 1.2 NAME Lunsford, W. Bruce STREET ADDRESS 400 West Market Street, Suite 3300 400 Northridge Road, Ste 400 1.3 STREET ADDRESS CITY - ST - ZIP Louisville, KY 40202 Atlanta, GA 1.4 CITY - ST - ZIP VTD Chief Operating Officer TITLE 2.1 TITLE X Addition Myll, Donald R Barr, Michael R. NAME **2.2 NAME** STREET ADDRESS 400 Northridge Road, Ste 400 2.3 STREET ADDRESS 400 West Market Street, Suite 3300 CITY - ST - ZIP Atlanta, GA 2.4 CITY - ST - ZIP Louisville, KY 40202 TITLE X DELETE 3.1 TITLE X Addition Cavce, Laura E Reed, W. Earl III NAME 3.2 NAME 400 Northridge Road, Ste 400 400 West Market Street, Suite 3300 STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP Atlanta, GA 3.4 CITY - ST - ZIP Louisville, KY 40202 TITLE X DELETE 4.1 TITLE Senior VP, General Counsel X Addition Glenn, Jonathan H NAME 4.2 NAME Force, Jill L. STREET ADDRESS 400 Northridge Road, Ste 400 4.3 STREET ADDRESS 400 West Market Street, Suite 3300 CITY - ST - ZIP Atlanta, GA 4.4 CITY - ST - ZIP Louisville, KY 40202 VP. Finance TITLE DELETE 5.1 TITLE NAME 5.2 NAME Lechleiter, Richard A. STREET ADDRESS 5.3 STREET ADDRESS 400 West Market Street, Suite 3300 CITY - ST - ZIP 5.4 CITY - ST - ZIP Louisville, KY 40202 VP. Tax TITLE DELETE 6.1 TITLE Addition NAME Wood, Brian K. 6.2 NAME 400 West Market Street, Suite 3300 STREET ADDRESS **6.3 STREET ADDRESS** Louisville, KY 40202 CITY - ST - ZIP 6.4 CITY - ST - ZIP 14. Thereby 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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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PersonaCare of Pompano West, Inc.

DIRECTORS

Michael R. Barr

Director

Primary Address:

400 West Market Street, Suite 3300

Louisville, KY 40202

W. Bruce Lunsford

Director

Primary Address:

400 West Market Street, Suite 3300

Louisville, KY 40202

W. Earl Reed, III

Director

Primary Address:

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Louisville, KY 40202

OFFICERS

Frank W. Anastasio

Vice President, Ancillary Services

Primary Address:

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Karen G. Barnes

Vice President, Clinical Operations

Primary Address:

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Michael R. Barr

Chief Operating Officer and Executive Vice President

Primary Address:

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Senior Vice President, Central Region

Primary Address:

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Vice President, Northeast Region

Primary Address:

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Senior Vice President, Northeast Region

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Primary Address:

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Vice President, Facilities Management

Primary Address:

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Jill L. For**ce**

Senior Vice President, General Counsel and Assistant Secretary

Primary Address: 400 West Market Street, Suite 3300

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PersonaCare of Pompano West, Inc.

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Executive Vice President, Operations

400 West Market Street, Suite 3300 Louisville, KY 40202

Joseph L. Landenwich

Secretary

Primary Address:

Primary Address:

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Richard A. Lechleiter Primary Address: Vice President, Finance and Corporate Controller

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Louisville, KY 40202

Maria M, Levering

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Primary Address: 400 West Market Street, Suite 3300

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Primary Address:

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M. Suzanne Riedman

Vice President and Assistant General Counsel

Primary Address: 400

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Douistino, It.

T. Richard Riney

Assistant Secretary

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Vice President, Reimbursement

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Senior Vice President, West Region

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Vice President, Financial Systems Development

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Brian K. Wood

Vice President, Tax

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