

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000000772

1. Entity Name

PERSONACARE OF POMPANO WEST, INC.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90024 024 \*\*\*150.00

Principal Place of Business

Mailing Address

680 S 4TH ST  
LOUISVILLE KY 40202  
US

680 S 4TH ST  
LOUISVILLE KY 40202-2407  
US

2. Principal Place of Business

3. Mailing Address

680 South Fourth Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Attn: Tax Dept

City & State

City & State

Louisville, KY

Zip

Country

Zip

40202-2412

Country

USA

4. FEI Number

65-0549925

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)

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, 2000 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PCEO  
LUNSFORD, W BRUCE  
400 WEST MARKET STREET, SUITE 3300  
LOUISVILLE KY 40202 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☒ Addition  
See attached list

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
COO  
BARR, MICHAEL R  
400 WEST MARKET STREET, SUITE 3300  
LOUISVILLE KY 40202 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☒ Addition  
See attached list

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CFO  
REED, W EARL III  
400 WEST MARKET STREET, SUITE 3300  
LOUISVILLE KY 40202 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☒ Addition  
See attached list

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
FORCE, JILL L  
400 WEST MARKET STREET, SUITE 3300  
LOUISVILLE KY 40202 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☒ Addition  
See attached list

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
LECHLEITER, RICHARD A  
400 WEST MARKET STREET, SUITE 3300  
LOUISVILLE KY 40202 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
WOOD, BRIAN K  
400 WEST MARKET STREET, SUITE 3300  
LOUISVILLE KY 40202 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

*Brian K. Wood*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/00

502-596-7300

CR2E034 (9/99)

Thomas L. Grissom  
Primary Address: 680 South Fourth Street  
Louisville, KY 40202-2412