FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Apr 11, 2003 8:00 am Secretary of State F95000000772 DOCUMENT # 04-11-2003 90074 006 ***150.00 1. Entity Name PERSONACARE OF POMPANO WEST, INC. Principal Place of Business Mailing Address 680 SOUTH FOURTH STREET 680 SOUTH FOURTH STREET ATTN: TAX DEPARTMENT ATTN: TAX DEPARTMENT LOUISVILLE KY 40202 LOUISVILLE KY 40202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0549925 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change ■ Addition GILLENWATER, JAMES H JR. NAME NAME 680 SOUTH FOURTH ST STREET ADDRESS STREET ADDRESS **LOUISVILLE KY 40202** CITY-ST-7IP CITY-ST-ZIP Vice President, Hank Robinson TITLE Delete TITLE Change X Addition RIEDMAN, M. SUZANNE NAME NAME 680 South Fourth Street 680 SOUTH FOURTH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LOUISVILLE KY 40202 CITY-ST-ZIP Louisville, KY 40202 VP TIT1 F Delete TITLE. ☐ Change ☐ Addition WINDHORST, DAVID R NAME NAME STREET ADDRESS 680 SOUTH FOURTH ST STREET ADDRESS CITY-ST-ZIP **LOUISVILLE KY 40202** CITY-ST-7IP TITLE Delete TITLE Change Addition DIAZ, PAUL J NAME NAME STREET ADDRESS 680 SOUTH FOURTH ST STREET ADDRESS LOUISVILLE KY 40202 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Channe Channe Addition LECHLEITER, RICHARD A NAME NAME STREET ADDRESS 680 SOUTH FOURTH AVENUE STREET ADDRESS CITY-ST-ZIP LOUISVILLE KY 40202 CITY-ST-ZIP TITLE ☐ Delete TITI F Change Addition NAME LANDENWICH, JOSEPH L NAME

12. 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under path; 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 10 or Block 11 if

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

680 SOUTH FOURTH AVENUE

LOUISVILLE KY 40202

₹5QUIRFHank Robinson SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)

04+60hment 70036795 # F15000007112

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Personacare of Pompano West, Inc.

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