FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000000773

1. Corporation Name

PERSONACARE OF BRADENTON, INC.

Principal	Place	of	Business
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Mailing Address

400WEST MARKET STREET. SUITE 3300 LOUISVILLE KY 40202

400WEST MARKET STREET, SUITE 3300 LOUISVILLE KY 40202

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90193 019 ***150.00



DO NOT WRITE IN THIS SPACE

00		•			3. Date Incorporated or Qualifed		_	
					02/15/1995			
2. Principal P	lace of BusinessOne Vencor Plac	2a. Mailing AddressOne Ve	encor F	lace	4. FEI Number	Appli/	ed For	
21 680 Sou	th Fourth Street	26 680 South Fourth	ı Stree	et	65-0549924	Not A	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	8.75 Add Fee Requ		
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00 M	ay Be	
23Louisvil	le, KY	Louisville, K	<u>(</u>		Trust Fund Contribution	Added to I	Fées	
Zip	Country	Zip	Country	,	8. This corporation owes the current year Intang			
40202-2	412 25 USA	29 40202-2412 30	o us	SA.	Personal Property Tax.	Yes []No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Age	ent		
: _			81	Name				
C T CORPORATION SYSTEM			82 Street Address (P.O. Box Number is Not Acceptable)					
1200	SOUTH PINE ISLAND ROAD		"	Ollectiv	indicas (i .c. box rambs is recorded)			
PLAI	NTATION FL 33324		83					
			<u> </u>			85 Zip Co	40	
			84	City	FL] [*]	85 Zip Co	u o	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes.	the abov	e-named c	corporation submits this statement for the purpose of cha	inging its re	gistered	
office or r	registered agent, or both, in the State of	' Florida. Such change was auth	orized by	the corpor	ration's board of directors. I hereby accept the appointm	ent as regis	itered	
	m familiar with, and accept the obligation	ons or, Section 607.0505, FIONG	a Statutes).				
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable /NOTE: Re	gistered Age	nt sionature re	quired when reinstating) DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTOR	S IN 12	
TITLE	PCEO	X DELETE	1.1 TITLE	$ \top$		Change	Addition	
	LUNSFORD, W BRUCE	_	1.2 NAME					
NAME	ASSESSED AND VET OFFICE OUR	TE 2200		T ADDRESS				
STREET ADDRESS	l	1E 3300						
CITY-ST-ZIP	LOUISVILLE KY 40202	Ū DELETE	1.4 CITY-S 2.1 TITLE	II-ZIP	0 41 1 1 1 1 1 1 1	Change	Addition	
TITLE	C00	A OCCETE		ŀ	See Attached List	1	X	
NAME	BARR, MICHAEL R		22 NAME					
STREET ADDRESS	l	IE 3300	i	T ADDRESS				
CITY-ST-ZIP	LOUISVILLE KY 40202		2. 4 CITY-	ST-ZIP	See Attached List	7 Change		
TITLE	CFO	☐ DELETE	3.1 TITLE		Les Accounts Lisc	Change .	P1 variabil	
NAME	REED, W EARL III		3.2 NAME	l				
STREET ADDRESS	400WEST MARKET STREET, SUI	TE 3300	3.3 STREE	T ADDRESS				
CITY-ST-ZIP	LOUISVILLE KY 40202		3.4. CITY-	ST-ZIP				
TITLE	VP	☐ DELETE	4.1 TITLE		*	Change	Addition	
NAME	FORCE, JILL L		4. 2 NAME					
STREET ADDRESS		TE 3300	4.3 STREE	TADORESS	One Vencor Place, 680 South Fourth	Street		
CITY-ST-ZIP	LOUISVILLE KY 40202		4.4 CITY-S	ST-ZIP				
TITLE	VP	☐ DELETE	5.1 TITLE		· ·	Change	Addition	
NAME	LECHLEITER, RICHARD A		5.2 NAME	1	A			
STREET ADDRESS		TF 3300	5.3 STREE	T ADDRESS	One Vennen Diego 400 Couth Format	Ctroot		
	LOUISVILLE KY 40202	4444	5.4 CITY-5	ST-ZiP	One Vencor Place, 680 South Fourth	20166£		
CITY-ST-ZIP TITLE	VP	☐ DELETE	6.1 TITLE	+		Change	Addition	
	l ''		6.2 NAME			-		
NAME	WOOD, BRAIN K	TE 2200		T ADDRESS	One Vencor Place, 680 South Fourth	Street		
STREET ADDRESS)	IIE 3300	B	- 1	one remon there, oo bount tout ut	JUICEL		
CITY-ST-ZIP	i Louisville Ky 40202		6.4 CITY-5					

The recovering that the information supplied with risk limits does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes, informet 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, with all other like empowered.

SIGNATURE:

Brian K. Wood

535451-90193-19 F95000000173

PersonaCare of Bradenton, Inc.

DIRECTORS:

Jill L. Force

Director

Primary

One Vencor Place, 680 South Fourth Street

Address:

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James H. Gillenwater, Jr.

Director

Primary

One Vencor Place, 680 South Fourth Street

Address:

Louisville, KY 40202-2412

Richard A. Schweinhart

Director

Primary

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Address:

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OFFICERS:

William M. Altman

Vice President, Compliance

Primary

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Address:

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Primary

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Primary

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Primary Address: One Vencor Place, 680 South Fourth Street Louisville, KY 40202-2412

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Address:

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Primary

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Chief Executive Officer and President

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Vice President, Finance and Corporate Controller

Primary

One Vencor Place, 680 South Fourth Street

Address:

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Vice President, Information Systems

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Vice President, Tax

Primary

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