2002 UNIFORM BUSINESS REPORT (UBR)

May 14, 2002 8:00 am Secretary of State DOCUMENT # F95000000774 1. Entity Name PERSONACARE OF CLEARWATER, INC. • 05-14-2002 90272 026 ***150.00 Principal Place of Business Mailing Address 680 S. FOURTH STREET 680 S. FOURTH STREET the a roughth aimer BEST OF PORTS H ATTN: TAX DEPT ATTN: TAX DEPT ATTN: TAX STEPT WITH THE LOT LOGISHIUS EV ANNO US LOUISVILLE KY 40202 LOUISVILLE KY 40202-2412 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3290483 Not Applicable Zip Country Zip 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 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD 1200 SOUTH PINE ISLAND POAT PLANTATION FL 33324 PLANTATION FL 33324 City, 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. करि क्षार कार्या भारत अपना १३ ELLAND SVE. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/01) TITLE SVSR ☐ Delete TITLE Change ☐ Addition SVSR PRESIDENT NAME LONG, SANDRA L NAME LONG, SAMERA L PAUL J. DIAZ STREET ADDRESS 680 S FOURTH ST STREET ADDRESS 680 SOUTH FOURTH STREET SHEET CITY-ST-ZIP **LOUISVILLE KY 40202-2412** CITY-ST-ZIP LOUISVILLE, KY 402021/ISVILLE NY 40202-2/12 TITLE ☐ Delete TITLE ☐ Change D ☐ Addition NAME NAME GILLENWATER, JAMES H JR CILLENWATER, JAMES H. JP STREET ADDRESS STREET ADDRESS ONE VENCOR PLACE 680 4TH STREET ONE VEHICOS PLACE SAN ATH STIREE! CITY-ST-ZIP CITY-ST-ZIP **LOUISVILLE KY 40202** LOUISVILLE KY 40202 ☐ Delete TITLE TITLE Change ☐ Addition UVICE PRESIDENT NAME schweinhart, Richard A NAME DAVID R. WINDHORSTHY/EINHART, EICHARD A STREET ADDRESS STREET ADDRESS ONE VENCOR PLACE 680 S. 4TH STREET 680 SOUTH FOURTH STREET YOUR PLACE 080 S. ATH STREET CITY-ST-ZIP LOUISVILLE, KY 402021#SVILLE KY 402.12 CITY-ST-ZIP LOUISVILLE KY 40202 TITLE **VCO** ☐ Delete TITLE VOO Change ☐ Addition DIRECTOR NAME LUSK, RUTH A NAME M. SUZANNE REIDMANER. BUTTELA STREET ADDRESS 680 S FOURTH ST STREET ADDRESS 680 SOUTH FOURTH STREET URTH ST CITY-ST-ZIP **LOUISVILLE KY 40202-2412** CITY-ST-7IP / LOUISVILLE, KY 402021/15VILLE KY 40202/2113 □ Delete Change ☐ Addition NAME LECHLEITER, RICHARD A NAME LECHLETTER, RICHARD A STREET ADDRESS ONE VENCOR PLACE 680 S. 4TH STREET STREET ADDRESS ONE VENCOS PLACE DO S. 4TH STREET CITY-ST-ZIP **LOUISVILLE KY 40202** CITY-ST-ZIP LOUISVELE NY 45202 TITLE ☐ Delete Change ■ Addition SECRETARY NAME Wood, Brain K JOSEPH L. LANDENWICH C. BRADE K NAME STREET ADDRESS ONE VENCOR PLACE 680 S. 4TH STREET 680 SOUTH FOURTH STREET SCOR PLACE 680 S. 414 STREET STREET ADDRESS CITY-ST-7IP **LOUISVILLE KY 40202** CITY-ST-ZIP ! LOUISVILLE, KY 40202UESVILLE KY 10202 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.

MATURE RECHARDALLECHLEITER

502-596-7300

Date

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Personacare of Clearwater, Inc.

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