

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 # F95000001451

1. Corporation Name

THERATX MEDICAL SUPPLIES, INC.

Principal Place of Business
400 WEST MARKET STREET
STE 3300
LOUISVILLE KY 40202
US

Mailing Address
400 WEST MARKET STREET
STE 3300
LOUISVILLE KY 40202
US

2. Principal Place of Business
21 One Vencor Place
680 South Fourth Street
Suite, Apt. #, etc.

2a. Mailing Address
26 One Vencor Place
680 South Fourth Street
Suite, Apt. #, etc.

22 City & State
23 Louisville, KY
24 Zip Country
40202-2412 25 USA
28 Louisville, KY
29 Zip Country
40202-2412 30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEO	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	See Attached List <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUNSFORD, BRUCE W			
STREET ADDRESS	400 WEST MARKET STREET, SUITE 3300			
CITY-ST-ZIP	LOUISVILLE KY 40202			
TITLE	COO	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	See Attached List <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARR, MICHAEL R			
STREET ADDRESS	400 WEST MARKET STREET, SUITE 3300			
CITY-ST-ZIP	LOUISVILLE KY 40202			
TITLE	CFO	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	See Attached List <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REED, W. EARL III			
STREET ADDRESS	400 WEST MARKET STREET, SUITE 3300			
CITY-ST-ZIP	LOUISVILLE KY 40202			
TITLE	VP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORCE, JILL L			
STREET ADDRESS	400 WEST MARKET STREET, SUITE 3300			
CITY-ST-ZIP	LOUISVILLE KY 40202			
TITLE	VP	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	See Attached List <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LADT, THOMAS T			
STREET ADDRESS	400 WEST MARKET STREET, SUITE 3300			
CITY-ST-ZIP	LOUISVILLE KY 40202			
TITLE	S	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LADENWICH, JOSEPH L			
STREET ADDRESS	400 WEST MARKET STREET, SUITE 3300			
CITY-ST-ZIP	LOUISVILLE KY 40202			

14. 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 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

5/20/99

(502) 596-7300

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90034 026 ***150.00

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CR2E034 (11/98)

TheraTx Medical Supplies, Inc.

545008-90034-26

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DIRECTORS:

Jill L. Force Director

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

James H. Gillenwater, Jr. Director

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

Richard A. Schweinhart Director

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

OFFICERS:

William M. Altman Vice President, Compliance

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

Frank W. Anastasio President, Ancillary Services

Primary Address: One Vencor Place, 680 South Fourth Street
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Frank J. Batta farano President, Hospital Division

Primary Address: One Vencor Place, 680 South Fourth Street
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Richard E. Chapman Senior Vice President, Information Systems

Primary Address: One Vencor Place, 680 South Fourth Street
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J. Guy Conces Vice President, Clinical/Business Systems Development

Primary Address: One Vencor Place, 680 South Fourth Street
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R. John Cowgill Vice President, Facilities Management

Primary Address: One Vencor Place, 680 South Fourth Street
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TheraTx Medical Supplies, Inc.

Donald D. Finney

President, Nursing Center Division

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Primary
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Jill L. Force

Senior Vice President, General Counsel and Secretary

Primary
Address:

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James H. Gillenwater, Jr.

Senior Vice President, Planning and Development

Primary
Address:

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Thomas L. Grissom

Vice President, Government Affairs

Primary
Address:

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Richard Gurka

Senior Vice President, Central Region

Primary
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Cecelia A. Hagan

Vice President, Human Resources

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Address:

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Vincent S. Hambright

Senior Vice President, Pacific Region

Primary
Address:

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Joseph L. Landenwicht

Assistant Secretary

Primary
Address:

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Richard A. Lechleiter

Vice President, Finance and Corporate Controller

Primary
Address:

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Katheryn J. Markham

Vice President, Information Systems

Primary
Address:

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Steven L. Monaghan

Senior Vice President, Midwest Region *545 008-90034-26*

Primary
Address:

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Susan E. Moss

Vice President, Corporate Communications

Primary
Address:

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Anne M. Nipp

Senior Vice President, South Region

Primary
Address:

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James J. Novak

Senior Vice President, Southeast Region

Primary
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John V. Oliver

Senior Vice President, Southwest Region

Primary
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Bobby R. Palmer

Senior Vice President, Mid America Region

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Brian L. Pugh

Senior Vice President, North Region

Primary
Address:

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M. Suzanne Riedman

Vice President and Assistant General Counsel

Primary
Address:

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Thomas M. Schuhmann

Vice President, Reimbursement

Primary
Address:

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Richard A. Schweinhart

Senior Vice President and Chief Financial Officer

Primary
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TheraTx Medical Supplies, Inc.

David R. Windhorst

Vice President, Financial Systems Development

Primary Address: One Vencor Place, 680 South Fourth Street
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Brian K. Wood

Vice President, Tax

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

Edward L. Kuntz

Chief Executive Officer and President

Primary Address: One Vencor Place, 680 South Fourth Street
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T. Stephen Turner

Senior Vice President, West Region

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