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

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

05-10-1999 90132 021 ***150.00

DOCUMENT # F9500001453

. Corporation Name

THERATX HEALTHCARE MANAGEMENT, INC.

Principal Place of Business		Mailing Address						
400 WEST MAR	KET STREET	400 WEST MARKET STREET						
STE 3300		STE 3300		DO NOT WRITE	DO NOT WRITE IN THIS SPACE			
LOUISVILLE KY US	40202	LOUISVILLE KY 40202 US			3. Date Incorporated or Qualifed			
00		00			03/24/1995		ĺ	
2 Principal Pl	ace of BusinessOne Vencor Place	2a Mailing Address One V	encor	Prace	4. FEI Number	Applied For	\neg	
21 680 South Fourth Street		26 680 South Fourth Street		59-3290532	Not Applicabl	ie		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional	\neg		
22	., 550	27			5. Certifcate of Status Desired	Fee Required	1	
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be		
23 La	ouisville, KY	Louisville, KY		Trust Fund Contribution	Added to Fees			
Zip	Country	Zip	Country	/	8. This corporation owes the curren			
24 40202-24	12 25 USA	29 40202-2412 30	o US	<u> </u>	Personal Property Tax.	y Yes □No		
	9. Name and Address of Current I	Registered Agent			10. Name and Address of New Re	gistered Agent		
			81	Name				
	CORPORATION SYSTEM		82	Street	Address (P.O. Box Number is Not Acceptable	ole)	_	
	SOUTH PINE ISLAND ROAD							
PLAT	NTATION FL 33324		83					
			84	City		Fi 85 Zip Code		
44 Durauant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the abov	e-named	corporation submits this statement for the p	· ·	<u>-</u> -	
office or re	egistered agent, or both, in the State of maniliar with, and accept the obligation	Florida, Such change was auth	iorized by	the coro	oration's board of directors. I hereby accept	the appointment as registered		
_	II lamiliai with, and accept the obligation	115 01, OGCION 007.0005, Florida	a Olditalo					
SIGNATURE	Signature, typed or printed name of registered agent a			nt signature	required when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI		tion	
THLE (CEO	🗷 DELETE	1.1 TITLE		See Actacher List	🗌 Change 🛭 🛣 Additi	3011	
NAME	LUNSFORD, BRUCE W		1.2 NAME		!			
STREET ADDRESS	400 WEST MARKET STREET, ST	E. 3300	1.3 STREE	TADDRESS				
CITY-ST-ZIP	LOUISVILLE KY 40202		1.4 CITY-5	T-ZIP		Clohana C Addit		
TITLE	C00	X DELETE	2.1 TITLE		See Attached List	Change 🙀 Additi	aon	
NAME	BARR, MICHAEL R		2.2 NAME					
STREET ADDRESS	400 WEST MARKET STREET, ST	E. 3300	2.3 STREE	TADDRESS				
CITY-ST-ZIP	LOUISVILLE KY 40202		2. 4 CITY-	ST-ZIP	See Attached List	ET Observe SET Addition		
TITLE	CF0	🔼 DELETE	3.1 TITLE		See Accaded hist	☐ Change Additi	.IU(1	
NAME	REED, W. EARL III	• • • • • • • • • • • • • • • • • • • •	32 NAME					
STREET ADDRESS	400 WEST MARKET STREET, ST	E. 3300	3.3 STREE	T ADDRESS	1			
CITY-ST-ZIP	LOUISVILLE KY 40202		3.4. CITY-	ST-ZIP			tion	
mile (VP	☐ DELETE	4.1 TITLE			Change Addit	HDI	
NAME	FORCE, JILL L III	_	4, 2 NAME		0 11 77 600 0			
STREET ADDRESS	400 WEST MARKET STREET, ST	E. 3300	4.3 STREE	TADDRESS	One Vencor Place, 680 Sout	h Fourth Street		
CITY-ST-ZIP	LOUISVILLE KY 40202		4.4 CITY-5	ST-ZIP			<u> </u>	
TITLE	*VP`	X DELETE	5.1 TITLE		Con Attached Time	Change 🛣 Additi	nop	
NAME	LADT, THOMAS T		5.2 NAME		See Attached List			
STREET ADDRESS	400 WEST MARKET STREET, ST	E. 3300		TADDRESS				
CITY-ST-ZIP	LOUISVILLE KY 40202		5.4 CITY-5	ST-ZIP		F101	•1	
TITLE	\$	☐ DELETE	6.1 TITLE			Change 🔀 Additi	nou	
NAME	LANDENWICH, JOSEPH L		6.2 NAME		0 11 17 600 6 11	1 1 1 0 1		
STREET ADDRESS	400 WEST MARKET STREET, ST	F 3300	6.3 STREE	TADORESS	One Vencor Place, 680 Sout	n rourth Street		

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 suppliemental 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:

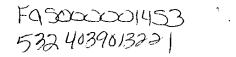
LOUISVILLE KY 40202

Brian K. Wood

4/20/99

(502) 596-7300

CR2E034 (11/98)



TheraTx Healthcare Management, 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:

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Richard A. Schweinhart

Director

Primary

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Address: Louisvill

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OFFICERS:

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Vice President, Compliance

Primary

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=:=

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Chief Executive Officer and President

Primary

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T. Stephen Turner

Senior Vice President, West Region

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