2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F9500001453** Apr 27, 2000 8:00 am Secretary of State THERATX HEALTHCARE MANAGEMENT, INC. 04-27-2000 90024 030 ***150.00 Mailing Address Principal Place of Business 680 S. FOURTH STRET - 1 VENCOR PLACE 680 S. FOURTH STRET - 1 VENCOR PLACE LOUISVILLE KY 40202-2412 LOUISVILLE KY 40202-2407 us 2. Principal Place of Business 3. Mailing Address 680 South Fourth Street DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Attn: Tax Dept Applied For City & State City & State 4. FEI Number 59-3290532 Louisville, Not Applicable Zip Country \$8.75 Additional Country Certificate of Status Desired 40202-2412 USA 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 PLANTATION FL 33324 Zip Code FL 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. (6) 内侧性形式的 SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change X Addition > Delete TITLE TITLE FORCE, JILL L NAME NAME See attached list 1 ONE VENCOR PLACE-680 S. FOURTH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LOUISVILLE KY 40202 ☐ Addition ☐ Detete ☐ Change TITI F TITLE NAME GILLENWATER, JAMES H JR NAME STREET ADDRESS 1 VENCOR PLACE-680 S. FOURTH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LOUISVILLE KY 40202** Change ☐ Addition ☐ Delete TITLE TITLE SCHWEINHART, RICHARD A NAME NAME STREET ADDRESS 1 VENCOR PLACE-680 S. FOURTH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LOUISVILLE KY 40202 VΡ **X** Delete ☐ Change Addition TITLE TITLE FORCE, JILL L III NAME NAME See attached list 1 VENCOR PLACE - 680 S. FOURTH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LOUISVILLE KY 40202** ☐ Change Addition ☐ Delete TITLE TITLE ALTMAN, WILLIAM M NAME NAME STREET ADDRESS 1 VENCOR PLACE-680 S. FOURTH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LOUISVILLE KY 40202 Change ☐ Addition □ Delete TITLE TITLE LANDENWICH, JOSEPH L NAME STREET ADDRESS 1 VENCOR PLACE - 680 S. FOURTH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LOUISVILLE KY 40202

FILED

SIGNATURE:

| SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Date | Daytime Phone #

changed, or on an attachment with an address, with all other like empowered.

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

TheraTx Healthcare Management, Inc.

Wednesday, February 02, 2000

DIRECTORS:

James H. Gillenwater, Jr.

Director

Primary Address:

680 South Fourth Street Louisville, KY 40202-2412

M. Suzanne Riedman

Director

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

Richard A. Schweinhart

Director

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

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Assistant Secretary

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