

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F95000004751 (2)

1. Corporation Name

VENCARE FLORIDA, INC.



Principal Place of Business

3300 PROVIDIAN CENTER, 400 W MARKET ST  
LOUISVILLE KY 40202

Mailing Address

3300 PROVIDIAN CENTER, 400 W MARKET ST  
LOUISVILLE KY 40202

3. Date Incorporated or Qualified  
09/29/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

N/A

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

83

84 City

FL

85 Zip Code

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 (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. See attached

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME LUNS福德, W. BRUCE  
STREET ADDRESS 3300 PROVIDIAN CENTER, 400 W MARKET ST  
CITY-STATE-ZIP LOUISVILLE KY 40202

☐ DELETE

TITLE DV  
NAME BARR, MICHAEL R  
STREET ADDRESS 3300 PROVIDIAN CENTER, 400 W MARKET ST  
CITY-STATE-ZIP LOUISVILLE KY 40202

☐ DELETE

TITLE DV  
NAME REED, W. EARL III  
STREET ADDRESS 3300 PROVIDIAN CENTER, 400 W MARKET ST  
CITY-STATE-ZIP LOUISVILLE KY 40202

☐ DELETE

TITLE S  
NAME FORCE, JILL L  
STREET ADDRESS 3300 PROVIDIAN CENTER, 400 W MARKET ST  
CITY-STATE-ZIP LOUISVILLE KY 40202

☐ DELETE

TITLE V  
NAME LADT, THOMAS T  
STREET ADDRESS 3300 PROVIDIAN CENTER, 400 W MARKET ST  
CITY-STATE-ZIP LOUISVILLE KY 40202

☐ DELETE

TITLE S  
NAME LEVERING, MARIA M  
STREET ADDRESS 3300 PROVIDIAN CENTER, 400 W MARKET ST  
CITY-STATE-ZIP LOUISVILLE KY 40202

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

Assistant Secretary

☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 26 1996

Jill L. Force (502) 569-7300

CR2E034 (12/95)

F95000 004751 89.2

**VENCARE FLORIDA, INC.**

**Board of Directors**

W. Bruce Lunsford  
Vencor, Inc.  
3300 Providian Center  
400 West Market Street  
Louisville, Kentucky 40202

Michael R. Barr  
Vencor, Inc.  
3300 Providian Center  
400 West Market Street  
Louisville, Kentucky 40202

W. Earl Reed, III  
Vencor, Inc.  
3300 Providian Center  
400 West Market Street  
Louisville, Kentucky 40202

**Officers**

W. Bruce Lunsford  
President  
3300 Providian Center  
400 West Market Street  
Louisville, Kentucky 40202

Michael R. Barr  
Vice President of Operations  
3300 Providian Center  
400 West Market Street  
Louisville, Kentucky 40202

W. Earl Reed, III  
Vice President of Finance and Development  
3300 Providian Center  
400 West Market Street  
Louisville, Kentucky 40202

Thomas T. Ladt  
Vice President  
3300 Providian Center  
400 West Market Street  
Louisville, Kentucky 40202

Jill L. Force  
Secretary  
3300 Providian Center  
400 West Market Street  
Louisville, Kentucky 40202

June Nalley King  
Assistant Secretary  
3300 Providian Center  
400 West Market Street  
Louisville, Kentucky 40202

Maria M. Levering  
Assistant Secretary  
3300 Providian Center  
400 West Market Street  
Louisville, Kentucky 40202