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## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

## PROFIT FLORIDA DEPARTMENT OF STATE May 27 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** F96000002521 (0) 1. Corporation Name PERSONACARE, INC. Principal Place of Business Mailing Address 400 West Market Street, Suite 3300 400 West Market Street, Suite 3300 DO NOT WRITE IN THIS SPACE Louisville, KY 40202 Louisville, KY 40202 3. Date incorporated or Qualified 05/20/1996 Principal Place of Business 2a. Mailing Address FEI Number Applied For 26 400 West Market Street 52-1417774 400 West Market Street Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. Certificate of Status Desired \$8.75 Additional **Suite 3300 Suite 3300** Fee Required City & State City & State \$5.00 May Be Election Campaign Financing Louisville, KY Louisville, KY Trust Fund Contribution Added to Fees Country Zip Country Zip This corporation owes or has paid the current year intangible Personal Property Tax due June 30. X Yes No 40202 30 US 25 US 29 40202 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent The Prentice-Hall Corporation System, Inc. 82 Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street, Suite 105 83 800002538028 Tallahassee, FL 32301 84 City \*\*\*150\_00 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PD President, CEO TITLE X DELETE 1.1 TITLE X Addition Change Lunsford, W. Bruce NAME Bardis, John A. 1.2 NAME STREET ADDRESS 400 Northridge Road, Ste 400 1.3 STREET ADDRESS 400 West Market Street, Suite 3300 CITY - ST - ZIP 1.4 CITY - ST - ZIP Louisville, KY 40202 Atlanta, GA VTD Chief Operating Officer X Addition X DELETE 2.1 TITLE TITLE Myll, Donald R 2 2 NAME Barr, Michael R. NAME STREET ADDRESS 400 Northridge Road, Ste 400 2.3 STREET ADDRESS 400 West Market Street, Suite 3300 CITY - ST - ZIP Atlanta, GA 2.4 CITY - ST - ZIP Louisville, KY 40202 X DELETE TITLE 3.1 TITLE X Addition Cayce, Laura E Reed, W. Earl III 3.2 NAME NAME STREET ADDRESS 400 Northridge Road, Ste 400 3.3 STREET ADDRESS 400 West Market Street, Suite 3300 CITY - ST - ZIP Atlanta, GA 3.4 CITY - ST - ZIP Louisville, KY 40202 Senior VP, General Counsel X DELETE 4.1 TITLE TITLE X Addition Glenn, Jonathan H 4.2 NAME Force, Jill L. NAME STREET ADDRESS 400 Northridge Road, Ste 400 4.3 STREET ADDRESS 400 West Market Street, Suite 3300 Atlanta, GA CITY - ST - ZIP 4,4 CITY - ST - ZIP Louisville, KY 40202 VP. Finance TITLE DELETE 5.1 TITLE Lechleiter, Richard A. NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 400 West Market Street, Suite 3300 CITY - ST - ZIP 5.4 CITY - ST - ZIP Louisville, KY 40202 VP, Tax TITLE DELETE 6.1 TITLE Change Wood, Brian K. NAME 6.2 NAME 6.3 STREET ADDRESS 400 West Market Street, Suite 3300 STREET ADDRESS

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.

6.4 CITY - ST - ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

4/24/98

Date

Louisville, KY 40202

(502) 596-7300

Daytime Phone #

STF FL32381F.1

CITY - ST - ZIP

9300f4

PersonaCare, Inc.

**DIRECTORS** 

Michael R. Barr

Director

Primary Address: 400 West Market Street, Suite 3300

Louisville, KY 40202

W. Bruce Lunsford

Director

Primary Address: 400 West Market Street, Suite 3300

Louisville, KY 40202

W. Earl Reed, III

Director

Primary Address: 400 West Market Street, Suite 3300

Louisville, KY 40202

**OFFICERS** 

Frank W. Anastasio

Vice President, Ancillary Services

Primary Address: 400 West Market Street, Suite 3300

Louisville, KY 40202

Karen G. Barnes

Vice President, Clinical Operations

Primary Address:

400 West Market Street, Suite 3300

Louisville, KY 40202

Michael R. Barr

Chief Operating Officer and Executive Vice President

Primary Address: 400 West Market Street, Suite 3300

Louisville, KY 40202

Frank J. Battafarano

Senior Vice President, Central Region

Primary Address: 400 West Market Street, Suite 3300

Louisville, KY 40202

Richard P. Blinn

Vice President, Northeast Region

Primary Address: 400 West Market Street, Suite 3300

Louisville, KY 40202

Bryan D. Burklow Primary Address: Senior Vice President, Northeast Region

400 West Market Street, Suite 3300

Louisville, KY 40202

Richard E. Chapman

Senior Vice President, Information Systems

Primary Address: 400 West Market Street, Suite 3300

Louisville, KY 40202

G. Stephen Clark

Vice President, Information Systems

Primary Address: 400 West Market Street, Suite 3300

Louisville, KY 40202

R. John Cowgill

Vice President, Facilities Management

Primary Address: 400 West Market Street, Suite 3300

Louisville, KY 40202

Jill L. Force

Senior Vice President, General Counsel and Assistant Secretary

Primary Address: 400 West Market Street, Suite 3300

Louisville, KY 40202

PersonaCare, Inc.

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James H. Gillenwater, Jr.

Senior Vice President, Planning and Development

Primary Address:

400 West Market Street, Suite 3300

Louisville, KY 40202

Thomas L. Grissom

Vice President, Government Affairs

Primary Address:

400 West Market Street, Suite 3300

Louisville, KY 40202

Richard Gurka

Senior Vice President, Mountain Region

Primary Address:

400 West Market Street, Suite 3300

Louisville, KY 40202

Cecelia A. Hagan

Vice President, Human Resources

Primary Address: 400 West Market Street, Suite 3300

Louisville, KY 40202

Vincent S. Hambright Primary Address: Vice President, West Region

400 West Market Street, Suite 3300

Louisville, KY 40202

Phillip D. Hurley

Senior Vice President, Midwest Region

Primary Address:

400 West Market Street, Suite 3300

Louisville, KY 40202

Thomas T. Ladt

**Executive Vice President, Operations** 

Primary Address:

400 West Market Street, Suite 3300

Louisville, KY 40202

Joseph L. Landenwich

Secretary

Primary Address:

400 West Market Street, Suite 3300

Louisville, KY 40202

Richard A. Lechleiter

Vice President, Finance and Corporate Controller

Primary Address:

400 West Market Street, Suite 3300

Louisville, KY 40202

Maria M. Levering Primary Address: Senior Vice President, Corporate Services

400 West Market Street, Suite 3300

Louisville, KY 40202

W. Bruce Lunsford

Chairman of the Board, President, and Chief Executive Officer

Primary Address: 400 West Market Street, Suite 3300

Louisville, KY 40202

Adrienne Lyons

Vice President, Midwest Region

Primary Address:

400 West Market Street, Suite 3300

Louisville, KY 40202

Katheryn J. Markham

Vice President, Information Systems

Primary Address:

400 West Market Street, Suite 3300

Louisville, KY 40202

Steven L. Monaghan

Vice President, Finance

Primary Address: 400 West Market Street, Suite 3300

Louisville, KY 40202

Susan E. Moss

Vice President, Corporate Communications

PersonaCare, Inc.

pg 4064

Primary Address:

400 West Market Street, Suite 3300

Louisville, KY 40202

Anne M. Nipp

Vice President, Southeast Region

Primary Address:

400 West Market Street, Suite 3300

Louisville, KY 40202

James J. Novak

Senior Vice President, Southeast Region

Primary Address: 400 West Market Street, Suite 3300

Louisville, KY 40202

John V. Oliver

Vice President, Mountain Region

Primary Address: 400 West Market Street, Suite 3300

Louisville, KY 40202

Bobby R. Palmer

Primary Address:

Vice President, Central Region

400 West Market Street, Suite 3300

Louisville, KY 40202

Brian L. Pugh

Vice President, Program Development

Primary Address: 400 West Market Street, Suite 3300

Louisville, KY 40202

W. Earl Reed, III

Chief Financial Officer and Executive Vice President

Primary Address: 400 West Market Street, Suite 3300

Louisville, KY 40202

M. Suzanne Riedman

Vice President and Assistant General Counsel

Primary Address: 400 West Market Street, Suite 3300

Louisville, KY 40202

T. Richard Riney

**Assistant Secretary** 

Primary Address:

400 West Market Street, Suite 3300

Louisville, KY 40202

Thomas M. Schuhmann Primary Address: Vice President, Reimbursement

400 West Market Street, Suite 3300

Louisville, KY 40202

T. Stephen Turner Primary Address: Senior Vice President, West Region

400 West Market Street, Suite 3300

Louisville, KY 40202

David R. Windhorst

Vice President, Financial Systems Development

Primary Address: 400 West Market Street, Suite 3300

Louisville, KY 40202

Brian K. Wood

Vice President, Tax

Primary Address: 400 West Market Street, Suite 3300

Louisville, KY 40202