PROFIT CORPORATION ANNUAL REPORT 1999



Mailing Address

400 WEST MARKET STREET

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F96000002521

1. Corporation Name

Principal Place of Business 400 WEST MARKET STREET

PERSONACARE, INC.

SUITE 3300 LOUISVILLE KY 40202		SUITE 3300 LOUISVILLE KY 40202		DO NOT WRITE IN THIS SPACE				
US		US				3. Date Incorporated or Qualifed 05/20/1996		
2. Principal Place of Business One Vencor Placea. Mailing Address One Ver				encor Place		4. FEI Number	Ap	plied For
680 South Fourth Street 26 680 South Fourth			Street			52-1417774	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			_	5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & Stat		City & State 28 Louisville, KY		6. Election Campaign Financing	\$5.00	, ,		
23 Louisvi		Zip Country		Trust Fund Contribution	Added to	o rees		
Zip 40202-24	00 0/10		TICA		4	 This corporation owes the current ye Personal Property Tax. 		□No
24 40202-24	9. Name and Address of Current	<u> </u>			·	10. Name and Address of New Registe		
	s. Name and Address of Carrent	Kedistelen Adelic	81	īŢ	Name	To. Name and Address of New Adgress	STOR ANGELIA	
C T CORPORATION SYSTEM								
1200 SOUTH PINE ISLAND ROAD			82	:T :	Street Add	dress (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324			83	-				
			84	١,	City		85 Zip 0	Code
					•		FL	1
office or re agent. I a	egistered agent, or both, in the State or in familiar with, and accept the obligati Signature, typed or printed name of registered agent	f Flonda. Such change was authorns of, Section 607.0505, Florida and title if applicable (NOTE: Regi	Statutes	/ tne 8.	e corporat	poration submits this statement for the purpo- tion's board of directors. I hereby accept the a	appointment as req	gistered
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICER See Attached List	Change	Addition
TITLE	PCEO	DELETE	1.1 TITLE				∐ Griange	- Audition
NAME	LUNFORD, W. BRUCE	UTE coss	1.2 NAME					
STREET ADDRESS	400 WEST MARKET STREET, S	UHE 3300	1.3 STREE					1
CITY-ST-ZIP	LOUISVILLE KY 40202	- TV DELETE	1.4 CITY-5	ST-Z	IP.	See Attached List	Change	X Addition
TITLE	C00		2.1 TITLE			bee retained hise	Change	E Auditon
NAME	BARR, MICHAEL R	LITE ASSO	2.2 NAME					
STREET ADDRESS	400 WEST MARKET STREET, S	UII 2300	2.3 STREE		}			ĺ
CITY-ST-ZIP	LOUISVILLE KY 40202		2.4 CITY-ST-ZIP		ZIP	See Attached List	☐ Change	[X] Addition
TITLE	CFO W EADL III	C VELETE	3.1 TITLE		-		Change	23,100,001
NAME	REED, W. EARL III	LIFE 2200	3.2 NAME		200500			
STREET ADDRESS			3.3 STREE					
CITY-ST-ZIP	SVGC	□ DELETE	3.4. CITY-1		CIP		[X] Change	Addition
TITLE	3		4.1 IIILE				per omango	
NAME OVERET ADDRESS	AND MERCY AMERICAN OTHER COME				ODDEEC	One Vencor Place, 680 South Fourth Street		
STREET ADDRESS	LOUROUGH E IVY ADDOD		4.4 CITY-ST-ZIP		30.11200			-
CITY-ST-ZIP TITLE			5.1 TITLE	ا-اد	JF		Change Ch	Addition
	LECHLEITER, RICHARD A		5.2 NAME				Qu an inge	
NAME	LECTICATION, MOTARIO A		5.3 STREET ADDRESS		XORESS	One Vencor Place 690 South F	burth Stroot	_

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

62 NAME

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

☐ DELETE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

400 WEST MARKET STREET, SUITE 3300

400 WEST MARKET STREET, SUITE 3300

LOUISVILLE KY 40202

LOUISVILLE KY 40202

WOOD, BRIAN K

Brian K. Wood

20/99 Date

One Vencor Place, 680 South Fourth Street

One Vencor Place, 680 South Fourth Street

(502) 596-7300

Addition

Change

May 10, 1999 8:00 am Secretary of State

05-10-1999 90193 018 ***150.00

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CR2E034 (11/98)

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PersonaCare, Inc.

DIRECTORS:

Jill L. Force

Director

Primary

One Vencor Place, 680 South Fourth Street

Address:

Louisville, KY 40202-2412

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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OFFICERS:

William M. Altman

Vice President, Compliance

Primary

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Address:

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Frank W. Anastasio

President, Ancillary Services

Primary

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Frank J. Battafarano

President, Hospital Division

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Primary

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PersonaCare, Inc.

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Assistant Secretary

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

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Vice President, Finance and Corporate Controller

Primary

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Vice President, Information Systems

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PersonaCare, Inc.

Steven L. Monaghan

Senior Vice President, Midwest Region

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Vice President, Corporate Communications

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Senior Vice President, South Region

Primary

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Senior Vice President, Southeast Region

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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

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M. Suzanne Riedman

Vice President and Assistant General Counsel

Primary

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Thomas M. Schuhmann

Vice President, Reimbursement

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Senior Vice President and Chief Financial Officer

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535450-90193-18 # F96000002521

David R. Windhorst

Vice President, Financial Systems Development

Primary

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Address:

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Brian K. Wood

Vice President, Tax

Primary

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Address:

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Edward L. Kuntz

Chief Executive Officer and President

Primary

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Louisville, KY 40202-2412