

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002521

1. Entity Name

PERSONACARE, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90037 008 ***150.00

Principal Place of Business
S. FOURTH STREET
VENCOR PLACE
LOUISVILLE KY 40202

Mailing Address
680 S. FOURTH STREET
ONE VENCOR PLACE
LOUISVILLE KY 40202-2407
US

C0075022



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
680 South Fourth Street
Suite, Apt. #, etc.
Attn: Tax Dept
City & State
Louisville, KY
Zip Country
40202-2412 USA

4. FEI Number 52-1417774
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANASTASIO, FRANK W		NAME		
STREET ADDRESS	ONE VENCOR PLACE 680 S. 4TH ST.		STREET ADDRESS	See attached list	
CITY-ST-ZIP	LOUISVILLE KY 40202		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALTMAN, WILLIAM M		NAME		
STREET ADDRESS	ONE VENCOR PL. 680 S. 4TH STREET		STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE KY 40202		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATTAFFARANO, FRANK J		NAME	Kuntz, Edward L.	
STREET ADDRESS	1 VENCOR PL. 680 S. 4TH STREET		STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE KY 40202		CITY-ST-ZIP		
TITLE	SVGC	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORCE, JILL L		NAME	See attached list	
STREET ADDRESS	1 VECOR PLACE 680 S. 4TH STREET		STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE KY 40202		CITY-ST-ZIP		
TITLE	VPF	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LECHLEITER, RICHARD A		NAME		
STREET ADDRESS	1 VENCOR PLACE 680 S. 4TH STREET		STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE KY 40202		CITY-ST-ZIP		
TITLE	VPT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, BRIAN K		NAME		
STREET ADDRESS	1 VENCOR PLACE 680 S. 4TH STREET		STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE KY 40202		CITY-ST-ZIP		

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

SIGNATURE: Brian K. Wood 4/18/00 502-596-7300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

DIRECTORS:

James H. Gillenwater, Jr. Director
Primary 680 South Fourth Street
Address: Louisville, KY 40202-2412

M. Suzanne Riedman Director
Primary 680 South Fourth Street
Address: Louisville, KY 40202-2412

Richard A. Schweinhart Director
Primary 680 South Fourth Street
Address: Louisville, KY 40202-2412

attachment
C0075022
#F96000002521

OFFICERS OF MEDISAVE PHARMACIES, INC.:

William M. Altman Vice President, Compliance
Primary 680 South Fourth Street
Address: Louisville, KY 40202-2412

Frank J. Battafarano President, Hospital Division
Primary 680 South Fourth Street
Address: Louisville, KY 40202-2412

Richard E. Chapman Senior Vice President, Information Systems
Primary 680 South Fourth Street
Address: Louisville, KY 40202-2412

R. John Cowgill Vice President, Facilities Management
Primary 680 South Fourth Street
Address: Louisville, KY 40202-2412

Garry D. Crain Vice President, Vencare Pharmacy
Primary 680 South Fourth Street
Address: Louisville, KY 40202-2412

Michael D. Cress Vice President, Business Development
Primary 680 South Fourth Street
Address: Louisville, KY 40202-2412

Owen E. Dorsey Chief Administrative Officer
Primary 680 South Fourth Street
Address: Louisville, KY 40202-2412

Donald D. Finney President, Nursing Center Division
Primary 680 South Fourth Street
Address: Louisville, KY 40202-2412

James H. Gillenwater, Jr. Senior Vice President, Planning and Development
Primary 680 South Fourth Street
Address: Louisville, KY 40202-2412

Thomas L. Grissom Vice President, Government Affairs
Primary 680 South Fourth Street
Address: Louisville, KY 40202-2412