



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

FILED
May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F96000005394 (9)			
1. Corporation Name VENCOR HOME HEALTH SERVICES, INC.			
Principal Place of Business 3300 PROVIDIAN CTR. 400 W MARKET ST LOUISVILLE KY 40202		Mailing Address 3300 PROVIDIAN CTR. 400 W MARKET ST LOUISVILLE KY 40202	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc		26 Suite, Apt. #, etc	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	
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	
		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 if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DV <input type="checkbox"/> DELETE		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME BARR, MICHAEL R		1.2 NAME	
STREET ADDRESS 3300 PROVIDIAN CTR, 400 W MARKET ST		1.3 STREET ADDRESS	
CITY- ST- ZIP LOUISVILLE KY 40202		1.4 CITY- ST- ZIP	
TITLE COO <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME BARR, MICHAEL R		2.2 NAME	
STREET ADDRESS 3300 PROVIDIAN CTR, 400 W MARKET ST		2.3 STREET ADDRESS	
CITY- ST- ZIP LOUISVILLE KY 40202		2.4 CITY- ST- ZIP	
TITLE DCP <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME LUNSFORD, W BRUCE		3.2 NAME	
STREET ADDRESS 3300 PROVIDIAN CTR, 400 W MARKET ST		3.3 STREET ADDRESS	
CITY- ST- ZIP LOUISVILLE KY 40202		3.4 CITY- ST- ZIP	
TITLE CEO <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME LUNSFORD, W BRUCE		4.2 NAME	
STREET ADDRESS 3300 PROVIDIAN CTR, 400 W MARKET ST		4.3 STREET ADDRESS	
CITY- ST- ZIP LOUISVILLE KY 40202		4.4 CITY- ST- ZIP	
TITLE DV <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME REED, W EARL III		5.2 NAME	
STREET ADDRESS 3300 PROVIDIAN CTR, 400 W MARKET ST		5.3 STREET ADDRESS	
CITY- ST- ZIP LOUISVILLE KY 40202		5.4 CITY- ST- ZIP	
TITLE CFO <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME REED, W EARL III		6.2 NAME	
STREET ADDRESS 3300 PROVIDIAN CTR, 400 W MARKET ST		6.3 STREET ADDRESS	
CITY- ST- ZIP LOUISVILLE KY 40202		6.4 CITY- ST- ZIP	
14. I do 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.			
SIGNATURE: 		4/28/97	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



CR2E034 (9/96)

As of: 12/31/1996

Directors and Officers
Vencor Home Health Services, Inc.

DIRECTORS:

Michael R. Barr	Director
Primary : 3300 Providian Center	
Address : 400 West Market Street	
Louisville, KY 40202	
W. Bruce Lunsford	Director
Primary : 3300 Providian Center	
Address : 400 West Market Street	
Louisville, KY 40202	
W. Earl Reed, III	Director
Primary : 3300 Providian Center	
Address : 400 West Market Street	
Louisville, KY 40202	

OFFICERS:

Frank W. Anastasio	Vice President, Ancillary Services
Primary : 3300 Providian Center	
Address : 400 West Market Street	
Louisville, KY 40202	
Michael R. Barr	Chief Operating Officer and Executive Vice President
Primary : 3300 Providian Center	
Address : 400 West Market Street	
Louisville, KY 40202	
Mary Ann Evans	Vice President, Clinical Operations
Primary : 3300 Providian Center	
Address : 400 West Market Street	
Louisville, KY 40202	
Jill L. Force	Vice President, General Counsel and Secretary
Primary : 3300 Providian Center	
Address : 400 West Market Street	
Louisville, KY 40202	
James H. Gillenwater, Jr.	Vice President, Planning and Development
Primary : 3300 Providian Center	
Address : 400 West Market Street	
Louisville, KY 40202	
Thomas T. Ladt	Executive Vice President, Operations
Primary : 3300 Providian Center	
Address : 400 West Market Street	
Louisville, KY 40202	

Joseph L. Landenwich Primary : 3300 Providian Center Address : 400 West Market Street Louisville, KY 40202	Assistant Secretary
Richard A. Lechleiter Primary : 3300 Providian Center Address : 400 West Market Street Louisville, KY 40202	Vice President, Finance and Corporate Controller
Maria M. Levering Primary : 3300 Providian Center Address : 400 West Market Street Louisville, KY 40202	Vice President, Administrative Services
W. Bruce Lunsford Primary : 3300 Providian Center Address : 400 West Market Street Louisville, KY 40202	Chairman of the Board, President, and Chief Executive Officer
Steven L. Monaghan Primary : 3300 Providian Center Address : 400 West Market Street Louisville, KY 40202	Vice President, Facility Accounting
Brian L. Pugh Primary : 3300 Providian Center Address : 400 West Market Street Louisville, KY 40202	Vice President, Program Development
W. Earl Reed, III Primary : 3300 Providian Center Address : 400 West Market Street Louisville, KY 40202	Chief Financial Officer and Executive Vice President
T. Richard Riney Primary : 3300 Providian Center Address : 400 West Market Street Louisville, KY 40202	Assistant Secretary
Thomas M. Schuhmann Primary : 3300 Providian Center Address : 400 West Market Street Louisville, KY 40202	Vice President, Reimbursement
David R. Windhorst Primary : 3300 Providian Center Address : 400 West Market Street Louisville, KY 40202	Vice President, Financial Systems