

2001 UNIFORM BUSINESS REPORT (UBR)

0134191 AT

DOCUMENT # F97000005588

1. Entity Name

CARETENDERS VISITING SERVICE OF SOUTHWEST FLORID

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 15 AM 9:28

Principal Place of Business

500 VILLAGE BLVD
#250
WEST PALM BEACH FL 33409

Mailing Address

100 MALLARD CREEK RD., STE. 400
LOUISVILLE KY 40207

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2350224

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Susan J. Metze
Signature, typed or printed name of registered agent and title, if applicable.

Susan J. Metze, Asst. Secretary

10/10/01

DATE

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 CCEO
NAME YARMUTH, WILLIAM B
STREET ADDRESS 100 MALLARD CREEK RD., STE. 400
CITY-ST-ZIP LOUISVILLE KY 40207

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

300004653273--2
-10/25/01--01049--012
****750.00 ****750.00

Change Addition

TITLE DP
NAME YARMUTH, MARY A
STREET ADDRESS 100 MALLARD CREEK RD., STE. 400
CITY-ST-ZIP LOUISVILLE KY 40207

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE DST
NAME GUENTHNER, C. STEVEN
STREET ADDRESS 100 MALLARD CREEK RD., STE. 400
CITY-ST-ZIP LOUISVILLE KY 40207

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

13. I hereby certify that the information supplied with this report 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:

Susan J. Metze
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)