1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F98000004011

VENCOR OPERATING, INC.

Principal Place of Business								
400 WEST	MARKET	STREET						

**SUITE 3300** LOUISVILLE KY 40202 Mailing Address

400 WEST MARKET STREET SUITE 3300 **LOUISVILLE KY 40202** 

## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90191 033 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

07/14/1998

				~				
2. Principal Place of BusinessOne Vencor Place 2a. Mailing Address One Vencor		r Place	4. FEI Number	<u> </u>	lied For			
21 680 South Fourth Street 26 680 South Fourth Street		Stree		52-2085484		Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A			
22		27	(			Fee Rec		
City & State City & State					6. Election Campaign Financing	\$5.00	, 1	
23 LOUI	sville, KY	28 Louisville, KY			Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip	Countr		8. This corporation owes the current year I			
40202-24	12 <b>25</b> USA	29 40202-2412 3	ol US	A	Personal Property Tax.		□No	
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			8	81 Name				
			82	82 Street Address (P.O. Box Number is Not Acceptable)				
			83	83				
			84	City	F	85 Zip C	oae	
44 Company to the application of Sections 607 0502 and 507 1508 Elegistar Statutes the applye pared 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 a	and title if applicable (NOTE: Re	enistered And	nt signature reg	pured when reinstating) DATE			
12.	Signature, typed or printed name of registered agents  OFFICERS AND		13.	in signatura req	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
TITLE	V	☐ DELETE	1.1 TITLE			[X] Change	Addition	
i	ANASTASIO, FRANK W		1.2 NAME					
NAME	400 WEST MARKET ST., STE 33	00		T ADDRESS	One Vencor Place, 680 South Fou	rth Street		
STREET ADDRESS				ļ.	One vencor reace, occ boddi rod	rai baroo	}	
CITY-ST-ZIP	LOUISVILE KY	X DELETE	1.4 CITY-	ST-ZIP	See Attached List	☐ Change	Addition	
TITLE	V	TX DEFEIG	2.1 TITLE		500 110(222125	onange	A Production	
NAME	S, 4 11 (CS), 14 11 12 11 C		2.2 NAME					
STREET ADDRESS	100 11201 110 11121 011, 012 1111		2.3 STREE	TADDRESS				
CITY-ST-ZIP	LOUISVILE KY		2.4 CITY-	ST-ZIP	See Attached List	·	F305 A 4 (1)1	
TITLE	VD	☐ DELETE	3.1 TITLE		See Attacher hist	☐ Change	Addition	
NAME	BARR, MICHAEL R 3.2 N		3.2 NAME					
STREET ADDRESS	AND IMPORTANTIVET OF OTE OCCO		3.3 STREE	TADDRESS				
CITY-ST-ZIP	LOUISVILE KY		3.4. CITY-	ST-ZIP				
TITLE	V	☐ DELETE	4.1 TITLE		<del></del>	🙀 Change	☐ Addition	
NAME	BATTAFARANO, FRANK J		4. 2 NAME	:			İ	
STREET ADDRESS	400 WEST MARKET ST., STE 33	300	4.3 STREE	ET ADDRESS	One Vencor Place, 680 South Fou	ırth Street	: !	
CITY-ST-ZIP	LOUISVILE KY		4 4 CITY-	ST-ZIP	•		]	
TITLE	V	<b>□</b> X DELETE	5.1 TITLE		See Attached List	☐ Change	X Addition	
NAME	BLINN, RICHARD P		5.2 NAME				}	
STREET ADDRESS	400 WEST MARKET ST., STE 33	100	5.3 STREE	ET ADDRESS				
	LOUISVILE KY	700	5.4 CITY-	į.				
CITY-ST-ZIP	V	☐ <b>X</b> DELETE	6.1 TITLE		See Attached List	Change	X Addition	
TITLE	•		6.2 NAME					
NAME	BURKLOW, BRYAN D	100	1	ET ADDRESS				
STREET ADDRESS	400 WEST MARKET ST., STE 33	IUU						
CITY-ST-ZIP	LOUISVILE KY		6.4 CITY-	ST-ZIP				

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, with all other like empowered.

SIGNATURE:

Brian K. Wood

(502) 596-7300

Vencor Operating, Inc.

535365-90191-33

## **DIRECTORS**:

F98000004011

Jill L. Force

Director

Primary

One Vencor Place, 680 South Fourth Street

Address:

Louisville, KY 40202-2412

James H. Gillenwater, Jr.

Director

Primary

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Address:

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Richard A. Schweinhart

Director

**Primary** 

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OFFICERS:

William M. Altman

Vice President, Compliance

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President, Ancillary Services

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\_\_\_\_\_

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'Vencor Operating, Inc.

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President, Nursing Center Division

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Assistant Secretary

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Senior Vice President, North Region

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Vice President and Assistant General Counsel

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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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Chief Executive Officer and President

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T. Stephen Turner

Senior Vice President, West Region

Primary

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