FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H27294

1. Corporation Name
CARROLLWOOD HEALTH CARE CENTER, INC

Principal Place of Business
P O BOX 1438
500 W MAIN ST
LOUISVILLE, KY 40201-1438

Mailing Address

3. Date Incorporated or Qualified: **10/25/84**
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 **ATTN: TAX DEPT**
Suite, Apt. #, etc
27 **P O BOX 740026**
City & State
28 **LOUISVILLE, KY**
Zip 29 **40201-7426** Country 30

4. FEI Number: **59-2525286** Applied For / Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SO PINE ISLAND RD
PLANTATION, FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 85 Zip Code

500001817655
-05/13/96--01014--020
***200.00
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 of Officer or Director of the corporation or its attorney-in-fact — Signature of Registered Agent (required if name is changed) — DATE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	**P D** / **SMITH, WAYNE** / **500 W MAIN** / **LOUISVILLE KY 40201-1438** — ☒ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	**SrVP D** / **CASH, W LARRY** / **500 W MAIN** / **LOUISVILLE KY 40201-1438** — ☒ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	**SrVP D** / **COUGHLIN, KAREN A** / **500 W MAIN** / **LOUISVILLE KY 40201-1438** — ☒ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	**SrVP D** / **GARMON, PHILIP B** / **500 W MAIN** / **LOUISVILLE KY 40201-1438** — ☒ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	**SrVP D** / **LANKFORD, RONALD S., M.D.** / **500 W MAIN** / **LOUISVILLE KY 40201-1438** — ☒ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	**VP** / **BAUERNFEIND, GEORGE** / **500 W MAIN** / **LOUISVILLE KY 40201-1438** — ☒ Change ☐ Addition

5-1-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: George Bauernfeind — **VICE PRESIDENT-TAXES** — APR 30 1996 — **(502)580-1000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)