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PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Apr 05, 1996 08:00 AM
Secretary of State

DOCUMENT # **K47697** **(3)**

1. Corporation Name
RESCARE-SIC MANAGEMENT, INC.

Principal Place of Business	Mailing Address
1501 EMBASSY SQUARE 8751 WEST BROWARD BLVD. LOUISVILLE KY 40299 US	%CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324 US

3. Date Incorporated or Qualified: **11/29/1988**
3a. Date of Last Report: **04/11/1995**

2. Principal Place of Business	2a. Mailing Address
21 305 N. Hurstbourne Pkwy	26
Suite, Apt. #, etc. 22 Suite 120	Suite, Apt. #, etc. 27
City & State 23 Louisville, KY	City & State 28
Zip: 24 40222 Country: 25 USA	Zip: 29 Country: 30

4. FEI Number: **61-1156557** ☐ 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 SOUTH PINE ISLAND ROAD
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 **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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when new agent)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CSD GORDON, J. PAUL 9100 SHELBYVILLE RD #345 LOUISVILLE KY	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	CEO Gordon, J. Paul 305 N. Hurstbourne Pkwy-Suite 120 Louisville, KY 40222 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GORDON, BLAIR S. 9100 SHELBYVILLE RD #345 LOUISVILLE KY	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	President Gordon, Blair S. 305 N. Hurstbourne Pkwy-Suite 120 Louisville, KY 40222 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT GEARY, RONALD G. 1300 EMBASSY SQUARE LOUISVILLE KY	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	TSD Bibb, Peter J. 1000 Abernathy Road-Bldg 400-Suite 1825 Atlanta, GA 30328 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FORNEAR, JAMES 1300 EMBASSY SQUARE LOUISVILLE KY	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Vice President Shaunnessy, George D. 1000 Abernathy Road-Bldg 400-Suite 1825 Atlanta, GA 30328 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HARDT, GREGORY A 9100 SHELBYVILLE RD., STE. 345 LOUISVILLE KY	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Small, Harold W. 1000 Abernathy Road-Bldg 400-Suite 1825 Atlanta, GA 30328 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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: _____ BLAIR S. GORDON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96
Date

502-374-3100
Daytime Phone #