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Jul 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001219 (2)**
1. Corporation Name

VENCARE HOSPICE FLORIDA, INC.

Principal Place of Business

Mailing Address

**3300 PROVIDIAN CENTER
400 WEST MARKET STREET
LOUISVILLE KY 40202**

**3300 PROVIDIAN CENTER
400 WEST MARKET STREET
LOUISVILLE KY 40202**



3. Date Incorporated or Qualified

03/01/1996

4. FEI Number

APPLIED FOR 61-1328994

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 **400 W. Market St., Ste. 3300**

26 Suite, Apt. #, etc.
27 **400 W. Market St., Ste. 3300**

23 City & State
Louisville, KY

28 City & State
Louisville, KY

24 Zip
40202

25 Country
US

29 Zip
40202

30 Country
US

5. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DELVECCHIO, WENDY A
BLANK, ROSSBY & MEENAN P.A.
204 SOUTH MONROE STREET
TALLAHASSEE FL 32301**

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 617.0502 and 617.1508, 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 617.0503, 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 **PDC** ☐ DELETE
NAME **LUNS福德, W. BRUCE**
STREET ADDRESS **3300 PROVIDIAN CENTER**
CITY-ST-ZIP **LOUISVILLE KY 40202**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **400 W. Market St., Ste. 3300**
1.4 CITY-ST-ZIP

TITLE **CFOD** ☐ DELETE
NAME **REED, W. EARL III**
STREET ADDRESS **3300 PROVIDIAN CENTER**
CITY-ST-ZIP **LOUISVILLE KY 40202**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **400 W. Market St., Ste. 3300**
2.4 CITY-ST-ZIP

TITLE **EVPD** ☐ DELETE
NAME **BARR, MICHAEL R**
STREET ADDRESS **3300 PROVIDIAN CENTER**
CITY-ST-ZIP **LOUISVILLE KY 40202**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **400 W. Market St., Ste. 3300**
3.4 CITY-ST-ZIP

TITLE **VPGC** ☐ DELETE
NAME **FORCE, JILL L**
STREET ADDRESS **3300 PROVIDIAN CENTER**
CITY-ST-ZIP **LOUISVILLE KY 40202**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **400 W. Market St., Ste. 3300**
4.4 CITY-ST-ZIP

TITLE **VPO** ☐ DELETE
NAME **LADT, THOMAS T**
STREET ADDRESS **3300 PROVIDIAN CENTER**
CITY-ST-ZIP **LOUISVILLE KY 40202**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS **400 W. Market St., Ste. 3300**
5.4 CITY-ST-ZIP

TITLE **VPFS** ☐ DELETE
NAME **WINDHORST, DAVID R**
STREET ADDRESS **3300 PROVIDIAN CENTER**
CITY-ST-ZIP **LOUISVILLE KY 40202**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS **400 W. Market St., Ste. 3300**
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

David R. Windhorst
David R. Windhorst
4/23/98 (502) 506-7200

CR2E037 (10/97)

Vencare Hospice Florida, Inc.

DIRECTORS

Michael R. Barr
W. Bruce Lunsford
W. Earl Reed, III

Director
Director
Director

OFFICERS

~~Michael R. Barr~~
Jill L. Force
James H. Gillenwater, Jr.
Thomas T. Ladt
Richard A. Lechleiter
Maria M. Levering
W. Bruce Lunsford
Steven L. Monaghan
Brian L. Pugh
W. Earl Reed, III
Thomas M. Schuhmann
David R. Windhorst

Vice President, Ancillary Services
~~Chief Operating Officer and Executive Vice President~~
Vice President, General Counsel and Secretary
Vice President, Planning and Development
Executive Vice President, Operations
Vice President, Finance and Corporate Controller
Vice President, Administrative Services
Chairman of the Board, President, and Chief Executive Officer
Vice President, Facility Accounting
Vice President, Program Development
Chief Financial Officer and Executive Vice President
Vice President, Reimbursement
Vice President, Financial Systems Development