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

05-10-1999 90246 013 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N96000001219**

1. Corporation Name

**VENCARE HOSPICE FLORIDA, INC.**

Principal Place of Business

**400 W. MARKET ST. STE. 3300  
LOUISVILLE KY 40202**

Mailing Address

**400 W. MARKET ST. STE. 3300  
LOUISVILLE KY 40202**

538095 - 90246 - 13



2. Principal Place of Business **One Vencor Place** 2a. Mailing Address **One Vencor Place**

**21 680 South Fourth Street**

**26 680 South Fourth Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22** City & State

**Louisville, KY**

**27** City & State

**Louisville, KY**

**23** Zip Country  
**40202-2412 USA**

**28** Zip Country  
**40202-2412 USA**

3. Date Incorporated or Qualified

**03/01/1996**

4. FEI Number  
**61-1328994**

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

9. Name and Address of Current Registered Agent

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

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 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

TITLE	PDC	<input checked="" type="checkbox"/> DELETE
NAME	LUNS福德, W. BRUCE	
STREET ADDRESS	400 W. MARKET ST. STE. 3300	
CITY-ST-ZIP	LOUISVILLE KY 40202	
TITLE	CFOD	<input checked="" type="checkbox"/> DELETE
NAME	REED, W. EARL III	
STREET ADDRESS	400 W. MARKET ST. STE. 3300	
CITY-ST-ZIP	LOUISVILLE KY 40202	
TITLE	COO	<input checked="" type="checkbox"/> DELETE
NAME	BARR, MICHAEL R	
STREET ADDRESS	400 W. MARKET ST. STE. 3300	
CITY-ST-ZIP	LOUISVILLE KY 40202	
TITLE	VPGC	<input type="checkbox"/> DELETE
NAME	FORCE, JILL L	
STREET ADDRESS	400 W. MARKET ST. STE. 3300	
CITY-ST-ZIP	LOUISVILLE KY 40202	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LADT, THOMAS T	
STREET ADDRESS	400 W. MARKET ST. STE. 3300	
CITY-ST-ZIP	LOUISVILLE KY 40202	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WINDHORST, DAVID R	
STREET ADDRESS	400 W. MARKET ST. STE. 3300	
CITY-ST-ZIP	LOUISVILLE KY 40202	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	See Attached Schedule	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	See Attached Schedule	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	See Attached Schedule	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	One Vencor Place, 680 South Fourth Street	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	See Attached Schedule	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	One Vencor Place, 680 South Fourth Street	
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: *David R. Windhorst* David R. Windhorst

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

(502) 596-7300

Daytime Phone #

CR2E037 (1/98)

**VENCOR HOSPICE FLORIDA, INC.**

538095-90246-13  
# N96 000001219

**DIRECTORS**

Richard A. Schweinhart  
James M. Gillenwater, Jr.  
Jill L. Force

**OFFICERS**

Frank W. Anastasio  
Richard E. Chapman  
Jill L. Force  
James H. Gillenwater, Jr.  
Richard A. Lechleiter  
Edward L. Kuntz  
Thomas M. Schuhmann  
Richard A. Schweinhart  
David R. Windhorst

President, Ancillary Services  
Senior Vice President, Information Systems  
Senior Vice President, General Counsel and Secretary  
Senior Vice President, Planning and Development  
Vice President, Finance and Corporate Controller  
Chief Executive Officer and President  
Vice President, Reimbursement  
Senior Vice President and Chief Financial Officer  
Vice President, Financial Systems Development