

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90024 014 ****61.25

DOCUMENT # N96000001219

1. Entity Name

VENCARE HOSPICE FLORIDA, INC.

Principal Place of Business

Mailing Address

ONE VENDOR PLACE
 680 S 4TH ST
 LOUISVILLE KY 40202

ONE VENDOR PLACE
 680 S 4TH ST
 LOUISVILLE KY 40202-2407

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

61-1328994

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PDC	<input checked="" type="checkbox"/> Delete
NAME	LUNSFORD, 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 type="checkbox"/> Delete
NAME	BARR, MICHAEL R	
STREET ADDRESS	400 W. MARKET ST. STE. 3300	
CITY-ST-ZIP	LOUISVILLE KY 40202	
TITLE	VPGC	<input checked="" 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	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	See attached list	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	See attached list	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	See attached list	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	See attached list	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	See attached list	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	680 South Fourth Street	
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Brian K. Wood
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian K. Wood

Date

Daytime Phone #

4/18/00

502-596-7300

CR2E037 (9/99)

Donald D. Finney President, Nursing Center Division
Primary Address: 680 South Fourth Street
Louisville, KY 40202-2412

James H. Gillenwater, Jr. Senior Vice President, Planning and Development
Primary Address: 680 South Fourth Street
Louisville, KY 40202-2412

Thomas L. Grissom Vice President, Government Affairs
Primary Address: 680 South Fourth Street
Louisville, KY 40202-2412

Richard Gurka Senior Vice President, Healthcare Services Division
Primary Address: 680 South Fourth Street
Louisville, KY 40202-2412

Vincent S. Hambright Senior Vice President, Pacific Region
Primary Address: 680 South Fourth Street
Louisville, KY 40202-2412

Edward L. Kuntz Chief Executive Officer and President
Primary Address: 680 South Fourth Street
Louisville, KY 40202-2412

R. Daniel Lacy Vice President, Finance, Hospital Division
Primary Address: 680 South Fourth Street
Louisville, KY 40202-2412

Joseph L. Landenwich Vice President, Corporate Legal Affairs and Corporate Secretary
Primary Address: 680 South Fourth Street
Louisville, KY 40202-2412

Richard A. Lechleiter Vice President, Finance Corporate Controller and Treasurer
Primary Address: 680 South Fourth Street
Louisville, KY 40202-2412

Sandra L. Long Senior Vice President, South Region
Primary Address: 680 South Fourth Street
Louisville, KY 40202-2412

Ruth A. Lusk Vice President, Clinical Operations
Primary Address: 680 South Fourth Street
Louisville, KY 40202-2412