2002 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # N9600001219 May 14, 2002 8:00 am Secretary of State VENCARE HOSPICE FLORIDA, INC. 14-2002 90037 035 ****61.25 Principal Place of Business Mailing Address ONE VENDOR PLACE 690 SOUTH FOURTH STREET 680 S 4TH ST 650 a o ATTN: TAX DEPT. LLUSVILLE KY 4020BUU99466 LOUISVILLE KY 40202 LOUISVILLE KY 40202-2412 LOUISVELE KY A 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 61-1328994 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DELVECCHIO, WENDY A BLANK, RIGSBY & MEENAN P.A. alenda, reader a sec 204 SOUTH MONROE STREET 204 SOUTH MONROE STREET TALLAHASSEE FL 32301 TALLAHASSEE EL 82301 City 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete (9/01) TITLE ☐ Addition GILLENWATER, JAMES H JR GILLENWATER, JAMES HIJF NAME NAME 680 SOUTH FOURTH STREET STREET ADDRESS STREET ADDRESS 650 SOUTH FOURTH STREET LOUISVILLE KY 40202-2412 CITY-ST-ZIP LOUISVILLE NY 40202-2412 CITY-ST-7IP TITLE Delete TITLE Change REIDMAN, SUZANNE NAME REIDMAN, SUZANNE NAME 680 SOUTH FOURTH STREET STREET ADDRESS **680 SOUTH FOURTH STREET** STREET ADDRESS LOUISVILLE KY 40202-2412 CITY-ST-ZIP - -CITY-ST-ZIP LOUISVILLE KY 40202-2412 PHOO PHDO TITLE ☐ Delete M Change ☐ Addition PAUL I-DIAZ - E BATTAFARANO, ERANK J PRESIDENT BATTAFARANO, FRANK J. NAME 680 SOUTH FOURTH STREET 680 SOUTH FOURTH STREET IN FOURTH STREET STREET ADDRESS STREET ADDRESS LOUISVILLE KY 40202-2412 CITY-ST-ZIF CITY-ST-ZIP LOUISVILLE, KY 40202/ISVILLE KY 40202-2412 SVPO 3411 TITLE ☐ Delete Change Ch Addition VICE PRESIDENT CHAPMAN, RICHARD E DAVID R. WINDHORST CHAPMAN, HICHARD & 680 SOUTH FOURTH STREET TH FOURTH STREET NAME NAME 680 SOUTH FOURTH STREET STREET ADDRESS STREET ADDRESS LOUISVILLE KY 40202-2412 CITY-ST-7IF CITY-ST-7IP LOUISVILLE, KY 40202/13/11/LE KY 40202-2412 VPFM TITLE ☐ Delete TITLE Change ☐ Addition TREASURER COGWILL, R JOHN-RICHARD A. LECHLEITER AND FOURTH STREET THE FOURTH STREET NAME NAME 680 SOUTH FOURTH STREET STREET ADDRESS STREET ADDRESS Louisville Ky 40202-2412 LOUISVILLE, KY 40202/ISVILLE KY 40202-2412 CITY-ST-ZIP CITY-ST-ZIP ۷P ☐ Delete TITLE ■ Addition 💢 Change SECRETARY JOSEPH L. LANDENWICH THE FOURTH STREET LOUISVILLE, KY 40202/ISVILLE KY 40202-2412 MOAD, MICHAEL E NAME **680 SOUTH FOURTH STREET** STREET ADDRESS STREET ADDRESS **LOUISVILLE KY 40202-2412** CITY-ST-ZIP 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. RICHARD A LECHLEITER SIGNATURE: 502-596-7300

Date

Daytime Phone #

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kindred Hospice Florida, Inc.

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