

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91022 020 ****61.25

DOCUMENT # N96000001219 1. Entity Name VENÇARE HOSPICE FLORIDA, INC.					
Principal Place of Business ONE VENDOR PLACE 680 S 4TH ST LOUISVILLE, KY 40202			Mailing Address 680 SOUTH FOURTH STREET ATTN: TAX DEPT. LOUISVILLE, KY 40202-2412 US		
2. Principal Place of Business 680 South Fourth St. Suite, Apt. #, etc. ATTN: Tax Dept City & State Louisville, Ky Zip 40202		3. Mailing Address Suite, Apt. #, etc. City & State Zip USA			
4. FEI Number 61-1328994		Applied For <input type="checkbox"/> Not Applicable		04202004 Chg-NP CR2E037 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/>		<input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DELVECCHIO, WENDY A BLANK, RIGSBY & MEENAN P.A. 204 SOUTH MONROE STREET TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLENWATER, JAMES H JR 680 SOUTH FOURTH STREET LOUISVILLE, KY 402022412	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Joseph L. Landenwich 680 SOUTH FOURTH ST. Louisville, Ky 40202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REIDMAN, SUZANNE 680 SOUTH FOURTH STREET LOUISVILLE, KY 402022412	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBINSON, HANK 680 SOUTH FOURTH STREET LOUISVILLE, KY 402022412	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP / T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIAZ, PAUL J 680 SOUTH FOURTH STREET LOUISVILLE, KY 402022412	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WINDHORST, DAVID R 680 SOUTH FOURTH STREET LOUISVILLE, KY 402022412	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LECHLEITER, RICHARD A 680 SOUTH FOURTH STREET LOUISVILLE, KY 402022412	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Hank Robinson</u> <u>Hank Robinson</u> <u>4/22/2004</u> <u>(502) 596-7300</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					