

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-11-2003 90138 050 ****61.25

DOCUMENT # N96000001219

1. Entity Name

VENCARE 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **61-1328994**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GILLENWATER, JAMES H JR	
STREET ADDRESS	680 SOUTH FOURTH STREET	
CITY-ST-ZIP	LOUISVILLE KY 40202-2412	
TITLE	D	<input type="checkbox"/> Delete
NAME	REIDMAN, SUZANNE	
STREET ADDRESS	680 SOUTH FOURTH STREET	
CITY-ST-ZIP	LOUISVILLE KY 40202-2412	
TITLE	PHDO	<input checked="" type="checkbox"/> Delete
NAME	BATAFARANO, FRANK J	
STREET ADDRESS	680 SOUTH FOURTH STREET	
CITY-ST-ZIP	LOUISVILLE KY 40202-2412	
TITLE	SVPO	<input checked="" type="checkbox"/> Delete
NAME	CHAPMAN, RICHARD E	
STREET ADDRESS	680 SOUTH FOURTH STREET	
CITY-ST-ZIP	LOUISVILLE KY 40202-2412	
TITLE	VPFM	<input checked="" type="checkbox"/> Delete
NAME	COGWILL, R JOHN	
STREET ADDRESS	680 SOUTH FOURTH STREET	
CITY-ST-ZIP	LOUISVILLE KY 40202-2412	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MOAD, MICHAEL E	
STREET ADDRESS	680 SOUTH FOURTH STREET	
CITY-ST-ZIP	LOUISVILLE KY 40202-2412	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President, Tax	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hank Robinson	
STREET ADDRESS	680 South Fourth Street	
CITY-ST-ZIP	Louisville, KY 40202	
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul J. Diaz	
STREET ADDRESS	680 South Fourth Street	
CITY-ST-ZIP	Louisville, KY 40202	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David R. Windhorst	
STREET ADDRESS	680 South Fourth Street	
CITY-ST-ZIP	Louisville, KY 40202	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard A. Lechleiter	
STREET ADDRESS	680 South Fourth Street	
CITY-ST-ZIP	Louisville, KY 40202	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph L. Landenwich	
STREET ADDRESS	680 South Fourth Street	
CITY-ST-ZIP	Louisville, KY 40202	

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:

SIGNATURE REQUIRED

Hank Robinson

4/2/2003

502-596-7300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)