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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

Principal Place of Business

DOCUMENT # P21773

(7)

Mailing Address

HILLHAVEN OF CENTRAL FLORIDA, INC.

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FILED

May 06 1997 8:00am

Secretary of State

1209 ORANGE STREET WILMINGTON DE 19801-1134			1209 ORANGE STREET WILMINGTON DE 19801-1120								
							3. Date Incorporated or Qualified 11/15/1988	3a. Date of La 04/17/19		ort	
	lace of Business		2e. Mailing Address				4. FEI Number	<u> </u>		ed For	
21 3300 1	Providian	Center	26 3300 Providian Center			ter	91-1431345			pplicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State			City & State				6. Election Campaign Financing		.00 Ma		
23 Louis	ville, KY		28 Louisville, KY				Trust Fund Contribution		ded to F		
Zip		Country	Zιρ	Cou	ntry		8. This corporation has liability for i				
40202	25		40202	30				Yes No		3.001	
	9. Name and	Address of Curren	t Registered Agent				10. Name and Address of New Re-	gistered Agent			
CT (CORPORATION	SYSTEM			81	Namo					
120	0 S. PINE ISLAI	ND ROAD		-	82	Stroot As	ddress (P.O. Box Number is Not Acceptab	lo)			
PLA	NTATION FL 33	324			83		Joress (7.0), box Milliber is Not Acceptab				
				Ī	84	City		85	Zip Cod	ic	
11. Pursuant i	to the provisions of	of Sections 607.050	2 and 607.1508, Florida St	atules, the ab	ove	-named co	orporation submits this statement for the paration's board of directors. Thereby accept	FL urpose of chang	ing its re	gistered	
agent. I as	m familiar with, ar	nd accept the obliga	ntions of, Section 607.0505	, Florida Statu	utes		ration's board of directors, intereby accep	t the appointmen	ii as reg	Jistereo	
SIGNATIONE	Signature, typed or prin	led name of registered age	nt and title if applicable	(NOT) Hegistered	Age	d signature re-	quired when reinstating)	DATE	~~		
12.		OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	TORS II	N 12	
TITLE	PD		X DELETE	1.1 1/1	LΕ		President, CEO	Cha		Addition	
NAME	Marker, Ch	RIS		1.2 NA	ME		W. Bruce Lunsford			ľ	
STREET ADDRESS	1148 BROAD	way plaza		1.3 \$16	REET	ADDRESS	3300 Providian Center				
CITY-ST-ZIP	TACOMA WA			1.4 CIT	Y - ST	-7IP	Louisville, KY 40202				
TITLE	VD		□ ★ DELETE	2.1 7(1			V CFO	K Cha	nge [Addition	
NAME	PACQUER, R	obert f.	•	2.2 NA	ME						
STREET ADDRESS	1148 BROAD	WAY PLAZA				ADDRESS	W. Earl Reed, II 3300 Providian Center				
CITY-ST-ZIP	TACOMA WA			2. 4 CI		- 1	Louisville, KY 40202				
TITLE	VS		X DELETE	3111		-	V Secretary	k Cha	nge T	Addition	
NAME	ADCOCK, RIC	CHARD		3.2 NA			Jill L. Force	gr _e on		J 713011011	
STREET ADDRESS	1148 BROAD					ADDRESS	3300 Providian Center				
CITY-ST-ZIP	TACOMA WA			3 4. 00		1	Louisville, KY 40202				
TITLE	1		☐ D£LE1E	411 7		1- 211	V Treasury	X] Cha	nne T	Addition	
NAME	SCHNEIDER,	BOB		4. 2 NA			Richard A. Lechleiter		ingo L.	_ rioution	
STREET ADDRESS	1148 BROAD			•		ADDRESS	3300 Providian Center				
CITY-ST-ZIP	TACOMA WA			4.4 Ci1			Louisville, KY 40202				
TITLE	V		DELETE	5.1 TITI		* / H'	V Operations	▼ Cha	00e T	Addition	
NAME	PEISER, WILL	JAM		5.1 III			Michael R. Barr	Mari ∪na	nge L.	→ WOOHIGH	
STREET ADDRESS	4440 PROADWAY DI AZA					ADINDECC					
CITY-ST-ZIP	TACOMA WA					ADDRESS	3300 Providian Center				
TITLE	V		DELFTE	5.4 CIT 6.1 TIT		- <u>/</u> IP	Louisville, KY 40202	Cha		Addition	
NAME	WEITZ, MICH	AFI	peri 10					☐ Cha	ige L	Addition	
	1148 BROAD			6.2 NA			See Attached				
STREET ADDRESS	TACOMA WA					ADDRESS					
City-St-ZiP			S with this filling does not a	6.4 CIT	Y-ST	-ZIP	ed in Section 119.07(3)(i), Florida Statutes	I further earlify	that the		

To hereby certify that the imbrination supplied with this filling does not quality for the exemption stated in Section 119,07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of suppliemental 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

LINE POLICE

4/28/01

Directors and Officers Hillhaven of Central Florida, Inc.

DIRECTORS:

Michael R. Barr

Director

Primary : 3300 Providian Center

Address

: 400 West Market Street

Louisville, KY 40202

W. Bruce Lunsford

Director

Primary : 3300 Providian Center

Address : 400 West Market Street

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W. Earl Reed, III

Director

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Address : 400 West Market Street

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OFFICERS:

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Vice President, Ancillary Services

Primary : 3300 Providian Center

: 400 West Market Street

Louisville, KY 40202

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Chief Operating Officer and Executive

Vice President

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Address

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Chief Executive Officer

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Vice President, Program Development

Vice President

: 3300 Providian Center Primary

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Assistant Secretary

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