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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P25722

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FILED
May 06 1998 8:00am
Secretary of State

FIRST	HEALTHCARE CORPORATIO	ON								
Principal Place of Business Mailing Address 400 W MARKET ST 400 W MARKET ST						-	IIBI BIBII BIBII I	CIBIL BIBIT BEBI	II Dib it 1884	
3300 PROVID	IAN CRINTER	3300 PROVIDIAN CENTER LOUSIVILLE KY 40202				DO NOT WRITE IN THIS SPACE				
ยร		US			3. Date Inc. 08/23/	orporated or Qualified 1989				
2. Principal Place of Business 21		2a. Mailing Address 26				4. FEI Number 04-2432780			oplied For of Applicable	
Suite, Apt. #, etc 22 400 W. Market St., Ste. 3300		Suite, Apt. #, etc. 27 400 W. Market St., Ste. 3300				e of Status Desired		\$8.75	Additional equired	
City & State Louisville, KY		City & State 28 Louisville, KY			1	Campaign Financing of Contribution				
Zip 24 40202	Country 25 US	Zip 29 40202	Countr	•	8. This corp	oration owes or has p Property Tax due Jun	_	ent year Int		
	9. Name and Address of Curren			<u> </u>		d Address of New R		gent		
CT CORPORATION SYSTEM				Name						
_	00 S. PINE ISLAND ROAD ANTATION FL 33324		62 Street Ad			umber is Not Accepte	able)			
,,,	WITHIOUT E COOLY		83				····			
			84	City		****	FL	85 Zip	Code	
office or r agent. I a SIGNATURE	to the provisions of Sections 607 050 ogistered agent, or both, in the State or familiar with, and accept the obligation Signature typed or proded name of egisterical age.				oration's board of d	irectors. I hereby acci	ept the appo	ointment as	registered	
12.	OFFICERS AND		13.	and organizate i		S/CHANGES TO OFF		DIRECTOR	S IN 12	
TITLE	PEC0	DELETE	1.1 TITLE					Change	Addition	
NAME	LUNSFORD, W B		1.2 NAME	ŧ						
STREET ADDRESS	3300 PROVIDIAN CENTER		1.3 STREE	T ADDRESS	400 W. Marke	t St., Ste. 330	00			
CITY-ST-ZIP	LOUSIVEILL KY		1.4 CHY-	ST- ZIP						
TITLE	VCFO	☐ DELETE	21 TITLE					X Change	Addition	
NAME	REED III, W E		2.2 NAME		AOO Id Mordeo	t St., Ste. 330	m			
STREET ADDRESS	3300 PROVIDIAN CENTER		2.3 STREE	1 Address	400 W. PEIKE	i si., sie, sx	N.			
CITY-ST-ZIP	LOUISVILLE KY		2. 4 CITY-	S1-ZIP				W		
TITLE	VSEC FORCE, JILL L	DELETE	3.1 TITLE	}	Landenwich,	Iocorb I	Ą	Change	Addition	
NAME	3300 PROVODIAN CENTER		32 NAME			t St., Ste. 330	m			
STREET ADDRESS	LOUSIVILLE LK			T ADDRESS		o oce, oce, oc	~			
CITY-ST-ZIP TITLE	VIRE	DELETE	3.4. C(TY-	21-7IK			- ж	Change	Addition	
NAME	LECHLEITER, RICHARD A		4. 2 NAME							
STREET ADDRESS	3300 PROVIDIAN CENTER			T ADDRESS	400 W. Market	St., Ste. 330	00			
CITY-ST-ZIP	LOUSIVILLE KY		4.3 STREE	1		, 200, 200	-			
TITLE	V	DELETE	5.1 HILE			 	K	X Change	Addition	
NAME	BARR, MICHAEL R		5.2 NAME	Ì						
STREET ADDRESS	3300 PROVIDIAN CENTER			I ADDRESS	400 W. Market	St., Ste. 330	∞			
CITY-ST-ZIP	LOUSIVILLE KY		5.4 CITY -	1		•				
TITLE	VP	☐ DELETE	6.1 TITLE				J.	A Change	Addition	
NAME	WINDHORST, DAVID R		6.2 NAME		Wood, Brian I					
STREET ADDRESS	3300 PROVIDIAN CENTER		6.3 STREE	T ADDRESS	400 W. Market	St., Ste. 330	α			
CITY-ST-ZIP	L O UISVILLE KY		6.4 CITY-	ST-2/IP						

14. Thereby 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 annual report or 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 trustee 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.

CIONATURE.

-1-1. csa

Brian K. Wood

1 100 10

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First Healthcare Corporation

DIRECTORS

Michael R. Barr

Director

Primary Address:

400 West Market Street, Suite 3300

Louisville, KY 40202

W. Bruce Lunsford

Director

Primary Address:

400 West Market Street, Suite 3300

Louisville, KY 40202

W. Earl Reed, III

Director

Primary Address:

400 West Market Street, Suite 3300

Louisville, KY 40202

OFFICERS

Frank W. Anastasio

Vice President, Ancillary Services

Primary Address:

400 West Market Street, Suite 3300

Louisville, KY 40202

Karen G. Barnes

Vice President, Clinical Operations

Primary Address:

400 West Market Street, Suite 3300

Louisville, KY 40202

Michael R. Barr

Chief Operating Officer and Executive Vice President

Primary Address:

400 West Market Street, Suite 3300

Louisville, KY 40202

Frank J. Battafarano

Senior Vice President, Central Region

Primary Address:

400 West Market Street, Suite 3300

Louisville, KY 40202

Richard P. Blinn

Vice President, Northeast Region

Primary Address:

400 West Market Street, Suite 3300

Louisville, KY 40202

Bryan D. Burklow

Senior Vice President, Northeast Region

Primary Address:

400 West Market Street, Suite 3300

Louisville, KY 40202

Richard E. Chapman

Senior Vice President, Information Systems

Primary Address: 400 West Market Street, Suite 3300

Louisville, KY 40202

G. Stephen Clark

Vice President, Information Systems

Primary Address:

400 West Market Street, Suite 3300

Louisville, KY 40202

R. John Cowgill

Vice President, Facilities Management

Primary Address:

400 West Market Street, Suite 3300

Louisville, KY 40202

Jill L. Force

Senior Vice President, General Counsel and Assistant Secretary

Primary Address:

400 West Market Street, Suite 3300

Louisville, KY 40202

First-Healthcare Corporation

James H. Gillenwater, Jr.

Senior Vice President, Planning and Development

Primary Address:

400 West Market Street, Suite 3300

Louisville, KY 40202

Thomas L. Grissom

Vice President, Government Affairs

Primary Address:

400 West Market Street, Suite 3300

Louisville, KY 40202

Richard Gurka

Senior Vice President, Mountain Region

Primary Address:

400 West Market Street, Suite 3300

Louisville, KY 40202

Cecelia A. Hagan

Vice President, Human Resources

Primary Address:

400 West Market Street, Suite 3300

Louisville, KY 40202

Vincent S. Hambright

Vice President, West Region

Primary Address:

400 West Market Street, Suite 3300

Louisville, KY 40202

Phillip D. Hurley

Senior Vice President, Midwest Region

Primary Address:

400 West Market Street, Suite 3300

Louisville, KY 40202

Thomas T. Ladt

Executive Vice President, Operations

Primary Address:

400 West Market Street, Suite 3300

Louisville, KY 40202

oseph L. Landenwich

Secretary

Primary Address:

400 West Market Street, Suite 3300

Louisville, KY 40202

Richard A. Lechleiter

Primary Address: 400 West Market Street, Suite 3300

Vice President, Finance and Corporate Controller

Louisville, KY 40202

Maria M. Levering

Senior Vice President, Corporate Services

Primary Address:

400 West Market Street, Suite 3300

Louisville, KY 40202

W. Bruce Lunsford

Chairman of the Board, President, and Chief Executive Officer

Primary Address:

400 West Market Street, Suite 3300

Louisville, KY 40202

Adrienne Lyons

Vice President, Midwest Region

Primary Address:

400 West Market Street, Suite 3300

Louisville, KY 40202

Katheryn J. Markham

Vice President, Information Systems

Primary Address: 400 West Market Street, Suite 3300

Louisville, KY 40202

Steven L. Monaghan

Vice President, Finance

Primary Address:

400 West Market Street, Suite 3300

Louisville, KY 40202

First Healthcare Corporation

Susan E. Moss

Vice President, Corporate Communications

Primary Address:

400 West Market Street, Suite 3300

Louisville, KY 40202

Anne M. Nipp

Vice President, Southeast Region

Primary Address:

400 West Market Street, Suite 3300

Louisville, KY 40202

James J. Novak

Senior Vice President, Southeast Region

Primary Address:

400 West Market Street, Suite 3300

Louisville, KY 40202

John V. Oliver

Vice President, Mountain Region

Primary Address:

400 West Market Street, Suite 3300

Louisville, KY 40202

Bobby R. Palmer

Vice President, Central Region

Primary Address:

400 West Market Street, Suite 3300

Louisville, KY 40202

Brian L. Pugh

Vice President, Program Development

Primary Address:

400 West Market Street, Suite 3300

Louisville, KY 40202

W. Earl Reed, III
Primary Address:

Chief Financial Officer and Executive Vice President

400 West Market Street, Suite 3300

Louisville, KY 40202

M. Suzanne Riedman

Vice President and Assistant General Counsel

Primary Address:

400 West Market Street, Suite 3300

Louisville, KY 40202

T. Richard Riney

Assistant Secretary

Primary Address:

400 West Market Street, Suite 3300

Louisville, KY 40202

Thomas M. Schuhmann

Vice President, Reimbursement

Primary Address:

400 West Market Street, Suite 3300

Louisville, KY 40202

T. Stephen Turner

Senior Vice President, West Region

Primary Address:

400 West Market Street, Suite 3300

Louisville, KY 40202

David R. Windhorst

Vice President, Financial Systems Development

Primary Address:

400 West Market Street, Suite 3300

Louisville, KY 40202

Brian K. Wood

Vice President, Tax

Primary Address:

400 West Market Street, Suite 3300

Louisville, KY 40202