FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 20 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P31887** **(3)**

1. Corporation Name
VENCOR HOSPITALS SOUTH, INC.

Principal Place of Business	Mailing Address
3300 PROVIDIAN CENTER LOUISVILLE KY 40202 US	3300 PROVIDIAN CENTER LOUISVILLE KY 40202 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/26/1990	3a. Date of Last Report: 07/06/1994
4. FEI Number: 61-1189548	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name: N/A
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	☐ Change ☐ Addition
NAME	LUNSFORD, W. BRUCE	1.2 NAME	
STREET ADDRESS	3300 PROVIDIAN CENTER	1.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	BARR, MICHAEL R.	2.2 NAME	
STREET ADDRESS	3300 PROVIDIAN CENTER	2.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	REED, W. EARL, III	3.2 NAME	
STREET ADDRESS	3300 PROVIDIAN CENTER	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	FORCE, JILL L.	4.2 NAME	
STREET ADDRESS	3300 PROVIDIAN CENTER	4.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	☐ Change ☐ Addition
NAME	KING, JUNE NALLEY	5.2 NAME	
STREET ADDRESS	3300 PROVIDIAN CENTER	5.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	5.4 CITY-ST-ZIP	
TITLE	VC	6.1 TITLE	Vice President ☒ Change ☐ Addition
NAME	SMITH, R. GENE	6.2 NAME	Ladt, Thomas T.
STREET ADDRESS	133 SOUTH THIRD ST., SUITE 500	6.3 STREET ADDRESS	3300 Providian Center
CITY-ST-ZIP	LOUISVILLE KE	6.4 CITY-ST-ZIP	Louisville, Ky 40202

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 supplemental 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.

SIGNATURE: M. L. K. 4-13-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0478118 FP