

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P31887** (3)

1. Corporation Name

VENCOR HOSPITALS SOUTH, INC.



Principal Place of Business

**3300 PROVIDIAN CENTER
LOUISVILLE KY 40202
US**

Mailing Address

**3300 PROVIDIAN CENTER
LOUISVILLE KY 40202
US**

3. Date Incorporated or Qualified
11/26/1990

3a. Date of Last Report
04/20/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. See attached

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VP** ☐ DELETE
NAME **LADT, THOMAS T**
STREET ADDRESS **3300 PROVIDIAN CENTER**
CITY-ST-ZIP **LOUISVILLE KY**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **BARR, MICHAEL R.**
STREET ADDRESS **3300 PROVIDIAN CENTER**
CITY-ST-ZIP **LOUISVILLE KY**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **REED, W. EARL, III**
STREET ADDRESS **3300 PROVIDIAN CENTER**
CITY-ST-ZIP **LOUISVILLE KY**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **FORCE, JILL L.**
STREET ADDRESS **3300 PROVIDIAN CENTER**
CITY-ST-ZIP **LOUISVILLE KY**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **AS** ☐ DELETE
NAME **KING, JUNE NALLEY**
STREET ADDRESS **3300 PROVIDIAN CENTER**
CITY-ST-ZIP **LOUISVILLE KY**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **VC** ☒ DELETE
NAME **SMITH, R. GENE**
STREET ADDRESS **133 SOUTH THIRD ST., SUITE 500**
CITY-ST-ZIP **LOUISVILLE KE**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **President, Director**
6.3 STREET ADDRESS **Lunsford, W. Bruce**
6.4 CITY-ST-ZIP **3300 Providian Center
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)(k), 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:

June N. King
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June N. King

2-29-96

(502) 569-7300

Date

Daytime Phone #

CR2E034 (12/95)

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VENCOR HOSPITALS SOUTH, INC.

Board of Directors

W. Bruce Lunsford
Vencor, Inc.
3300 Providian Center
400 West Market Street
Louisville, Kentucky 40202

W. Earl Reed, III
Vencor, Inc.
3300 Providian Center
400 West Market Street
Louisville, Kentucky 40202

Michael R. Barr
Vencor, Inc.
3300 Providian Center
400 West Market Street
Louisville, Kentucky 40202

Officers

W. Bruce Lunsford
President
3300 Providian Center
400 West Market Street
Louisville, Kentucky 40202

Michael R. Barr
Vice President of Operations
3300 Providian Center
400 West Market Street
Louisville, Kentucky 40202

W. Earl Reed, III
Vice President of Finance and Development
3300 Providian Center
400 West Market Street
Louisville, Kentucky 40202

Thomas T. Ladt
Vice President
3300 Providian Center
400 West Market Street
Louisville, Kentucky 40202

Jill L. Force
Secretary
3300 Providian Center
400 West Market Street
Louisville, Kentucky 40202

June N. King
Assistant Secretary
3300 Providian Center
400 West Market Street
Louisville, Kentucky 40202

Maria M. Levering
Assistant Secretary
3300 Providian Center
400 West Market Street
Louisville, Kentucky 40202