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PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P31887

(3)

VENCOR HOSPITALS SOUTH, INC.

FILED May 01 1998 8:00am Secretary of State

Principal Place of Business Mailing Address												
3300 PROVIDIAN CENTER LOUISVILLE KY 40202 US		3300 PROVIDIAN CENTER LOUISVILLE KY 40202 US				ļ						
							DO NOT WRITE IN THIS SPACE					
						Ī	3. Date Incorporated or Qualified					1
							11/26/1990					
	lace of Business	2a. Mailing Address				1	4. FEI Number		_ } _ 	Applied		4
Suite, Apt.	# Alc	Suite, Apt. #, etc.					61-1189548		\$8.75		plicable	┨
	Market St., Ste. 3300	27 400 W. Market St., Ste. 3300					5. Certificate of Status Desired			Require		1
City & State		City & State					6. Election Campaign Financing		\$5.0	0 May	Be .	1
23		28					Trust Fund Contribution Added to Fees					
Zip	Country	Zip Country				8. This corporation owes or has paid the current year Intengible						
24	25	29	30				Personal Property Tax due June 30		Yes	∐ No	·	┨
	9, Name and Address of Current	Hegistered Agent		81	Nome		0. Name and Address of New Regis	stered A	gent			-
	CORPORATION SYSTEM			81	Name		•					
	00 S. PINE ISLAND ROAD			82	Street A	Address (P.O. Box Number is Not Acceptable)						1
ru	ANTATION FL 33324			83		·						1
												1
				84	City			FL	85 Zi	p Code)	ı
office or r	egistered agent, or both, in the State m familiar with, and accept the obligation of the stered agent agent to stered agent the stered agent to th	of Florida, Such change was tions of, Section 607.0505, Fl	authorized lorida Stat	d by utes	the corp	ooraition	tion submits this statement for the pur s board of directors. I hereby accept t her reinstating)	he appo	intment i	as regis	stered	
12.	OFFICERS AND						ADDITIONS/CHANGES TO OFFICE		DIRECTO	ORS IN	12	ģ
TITLE	VP	DELETE	1.1 TI	LE					Change	е	Addition	15
NAME	LADT, THOMAS T		1.2 N/	ME	ì							12
STREET ADDRESS				1.3 STREET ADDRESS 4		400	00 W. Market St., Ste. 3300					Ĕ
CITY-ST-ZIP	LOUISVILLE KY		1.4 01		r-ZIP							١ğ
TITLE	VD	DELETE	2.1 7/1					i	Change	י נ	Addition	١
NAME	BARR, MICHAEL R.		2.2 NA			400	IJ Mordant Ct. Ct., 2200					
STREET ADDRESS	8300 PROVIDIAN CENTER LOUISVILLE KY			2.3 STREET ADDRESS 4L 2.4 CITY-ST-ZIF		400	00 W. Market St., Ste. 3300					
CITY-ST-ZIF TITLE	VD VO	DELETÉ	2. 4 C		T-ZIP				K Change	e 🗆	Addition	1
NAME	REED, W. EARL, III	C) Otterit	3.2 NA		İ			•	- Vinnige	٠ ـ	· workford	
STREET ADDRESS	\$300 PROVIDIAN CENTER			3.3 STREET ADDRESS		400	00 W. Market St., Ste. 3300					1
CITY-ST-ZIP	LOUISVILLE KY		3.4. C				,					
TITLE	8	DELET e	4.1 T()		<u></u>				C Change	. 🗆	Addition	1
NAME	FORCE, JILL L.		4. 2 N	AME	vi∈ Jos		seph L. Landenwich					
STREET ADDRESS 3300 PROVIDIAN CENTER				4.3 STREET ADDRESS		400	W. Market St., Ste. 3300					ļ
CITY-ST-ZIP			4.4 01	4 CITY-ST-ZIP								
TITLE	VP	☐ DELETÉ	5.1 Tri	LE					Change	3 🔲	Addition	
NAME	WINDHORST, DAVID R		5.2 NA	ME	l							
STREET ADDRESS	\$300 PROVIDIAN CENTER		5.3 \$1	5.3 STREET ADDRESS		400	100 W. Market St., Ste. 3300					1
CITY-ST-ZIP	LOUISVILLE KY		5.4 CI		- ZIP				-1			1
TITLE	PD	☐ DELETE	6.1 1(1					ı	Change	3 LJ	Addition	
NAME	LUNSFORD, BRUCE W		6.2 NAME			100	J. Martini di Gi					
STREET ADDRESS	s 3300 Providian Center			REET A	ADDRESS	400	W. Market St., Ste. 3300					1

CITY-ST-ZIP LOUISVILLE KE

64 CITY-ST-ZIP

64

Vencor Hospitals South, Inc.

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Primary Address:

Director

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Director

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