

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -5 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000016703**

1. Corporation Name

PRO-CARE HOME HEALTH OF BROWARD, INC.

Principal Place of Business

1500 NW 62ND ST
FT. LAUDERDALE FL 33309
US

Mailing Address

100 MALLARD CREEK RD.
#400
LOUISVILLE KY 40207

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/28/1994

5. FEI Number

65-0475107

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD T	YARMUTH, MARY A	100 MALLARD RD., #400	LOUISVILLE KY 40207
CD	YARMUTH, WILLIAM B	100 MALLAR CREEK RD., #400	LOUISVILLE KY 40207
STD	GUENTHNER, C.S.	100 MALLARD CREED RD., #400	LOUISVILLE KY 40207

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11/05/02--01033--015 **4500.00

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Barbara A. Burke

BARBARA A. BURKE

SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

10.29.02

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10.28.02 502 891 1086

Directors

William B. Yarmuth, Chairman, CEO & President, 100 Mallard Creek Road, Louisville, KY 40207
Mary A. Yarmuth, Sr. Vice President, Svc. Develop., 100 Mallard Creek Rd., Louisville, KY 40207
C. Steven Guenthner, Sr. Vice President & CFO, 100 Mallard Creek Road, Louisville, KY 40207

Officers

William B. Yarmuth, Chairman, CEO & President, 100 Mallard Creek Road, Louisville, KY 40207
Mary A. Yarmuth, Sr. Vice President, Svc. Develop., 100 Mallard Creek Road, Louisville, KY 40207
C. Steven Guenthner, Sr. Vice President & CFO, 100 Mallard Creek Road, Louisville, KY 40207
Todd Lyles, Sr. Vice President, Planning & Develop., 100 Mallard Creek Road, Louisville, KY 40207
Carl Smith, Vice President & Controller, 100 Mallard Creek Road, Louisville, KY 40207