2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003
Secretary of State

DOCUMENT# P94000016703

Entity Name: PRO-CARE HOME HEALTH OF BROWARD, INC.

Current Principal Place of Business:

1500 NW 62ND ST
FT. LAUDERDALE, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

100 MALLARD CREEK RD.
#400
LOUISVILLE, KY 40207

New Mailing Address:

9510 ORMSBY STATION RD
SUITE 300
LOUISVILLE, KY 40223

FEI Number: 65-0475107 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD T ( ) Delete
Name: YARMUTH, MARY A
Address: 100 MALLARD RD., #400
City-St-Zip: LOUISVILLE, KY 40207

Title: CD ( ) Delete
Name: YARMUTH, WILLIAM B
Address: 100 MALLAR CREEK RD., #400
City-St-Zip: LOUSIVILLE, KY 40207

Title: STD ( ) Delete
Name: GUENTHNER, C.S.
Address: 100 MALLARD CREED RD., #400
City-St-Zip: LOUSIVILLE, KY 40207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD T (X) Change ( ) Addition
Name: YARMUTH, MARY A
Address: 9510 ORMSBY STATION RD. SUITE 300
City-St-Zip: LOUISVILLE, KY 40223

Title: CD (X) Change ( ) Addition
Name: YARMUTH, WILLIAM B
Address: 9510 ORMSBY STATION RD SUITE 300
City-St-Zip: LOUSIVILLE, KY 40223

Title: STD (X) Change ( ) Addition
Name: GUENTHNER, C.S.
Address: 9510 ORMSBY STATION RD. SUITE 300
City-St-Zip: LOUSIVILLE, KY 40223

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. STEVEN GUENTHNER STD 04/29/2003

Electronic Signature of Signing Officer or Director Date