

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

**APPROVED
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95 APR 26 AM 10: 14

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # S69340 (5)

1. Corporation Name
NORMAL LIFE OF FLORIDA, INC.

Principal Place of Business Mailing Address

**9100 MARKSFIELD ROAD
LOUISVILLE KY 40222
US**

**9100 MARKSFIELD ROAD
LOUISVILLE KY 40222
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report

07/24/1991 **04/19/1994**

4. FEI Number Applied For

61-1204314 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing **\$5.00** May Be Added to Fees

Trust Fund Contribution

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

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 _____ (NOTE: Registered Agent signature required when reconstituting) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SHAVER, J ROBERT
STREET ADDRESS	9100 MARKSFIELD ROAD
CITY - ST - ZIP	LOUISVILLE KY
TITLE	DST
NAME	GRAHAM, KATHRYN S
STREET ADDRESS	9100 MARKSFIELD ROAD
CITY - ST - ZIP	LOUISVILLE KY
TITLE	DV
NAME	LAMB, MARY KAY
STREET ADDRESS	9100 MARKSFIELD ROAD
CITY - ST - ZIP	LOUISVILLE KY
TITLE	}
NAME	
STREET ADDRESS	9100 MARKSFIELD RD.
CITY - ST - ZIP	LOUISVILLE KY 40222
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	→
4.4 CITY - ST - ZIP	
5.1 TITLE	ASST. SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JESSEE, DIANE H.
5.3 STREET ADDRESS	9100 MARKSFIELD RD.
5.4 CITY - ST - ZIP	LOUISVILLE, KY 40222
6.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	WEISHAR, LARRY
6.3 STREET ADDRESS	9100 MARKSFIELD RD
6.4 CITY - ST - ZIP	LOUISVILLE, KY 40222

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 110.07(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: Diane Jessee **DIANE JESSEE** 3-31-95 502-339-9100

Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #