

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 # S69340 (5)
1. Corporation Name
NORMAL LIFE OF FLORIDA, INC.



Principal Place of Business: **9100 MARKSFIELD ROAD LOUISVILLE KY 40222 US**
Mailing Address: **9100 MARKSFIELD ROAD LOUISVILLE KY 40222 US**

3. Date Incorporated or Qualified: **07/24/1991** 3a. Date of Last Report: **04/26/1995**

2. Principal Place of Business: **21** 2a. Mailing Address: **26**

4. FEI Number: **61-1204314** Applied For: Not Applicable:

Suite, Apt. #, etc.: **22** Suite, Apt. #, etc.: **27**

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

City & State: **23** City & State: **28**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Zip: **24** Country: **25** Zip: **29** Country: **30**

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: _____ 85 Zip Code: **FL**

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 reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SHAVER, J ROBERT	
STREET ADDRESS	9100 MARKSFIELD ROAD	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	GRAHAM, KATHRYN S	
STREET ADDRESS	9100 MARKSFIELD ROAD	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	LAMB, MARY KAY	
STREET ADDRESS	9100 MARKSFIELD ROAD	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	JESSEE, DIANE H	
STREET ADDRESS	9100 MARKSFIELD RD	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DAVIS, FREDERIC H	
STREET ADDRESS	9100 MARKSFIELD RD	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WEISHAAR, LARRY	
STREET ADDRESS	9100 MARKSFIELD RD	
CITY-ST-ZIP	LOUISVILLE KY	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Diane Jessee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/96 302-339-9100
DATE: _____ DAYTIME PHONE # _____

CR2E034 (12/95)