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Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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: 1805 E HILLSBOROUGH AVENUE TAMPA FL 33610-8231 US
 Mailing Address: 9100 MARKSFIELD ROAD LOUISVILLE KY 40222

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/24/1991

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

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

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21 10140 Linn Station Rd. Suite, Apt. #, etc. 22 Louisville, KY 23 40223 US

2a. Mailing Address: 26 10140 Linn Station Rd. Suite, Apt. #, etc. 27 Louisville, KY 28 40223 US

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: Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	NAME: SHAVER, J ROBERT	1.1 TITLE: DP	1.2 NAME: Ronald G. Geary
STREET ADDRESS: 9100 MARKSFIELD ROAD	CITY-ST-ZIP: LOUISVILLE KY	1.3 STREET ADDRESS: 10140 Linn Station Rd.	1.4 CITY-ST-ZIP: Louisville, KY 40223
TITLE: DST	NAME: GRAHAM, KATHRYN S	2.1 TITLE: DVPST	2.2 NAME: E. Halsey Sandford
STREET ADDRESS: 9100 MARKSFIELD ROAD	CITY-ST-ZIP: LOUISVILLE KY	2.3 STREET ADDRESS: same as above	2.4 CITY-ST-ZIP: same as above
TITLE: VP	NAME: DAVIS, FREDERIC H	3.1 TITLE: VP	3.2 NAME: Jeffrey M. Cross
STREET ADDRESS: 9100 MARKSFIELD RD	CITY-ST-ZIP: LOUISVILLE KY	3.3 STREET ADDRESS: same as above	3.4 CITY-ST-ZIP: same as above
TITLE: [] DELETE	NAME: [] DELETE	4.1 TITLE: VP	4.2 NAME: J. Gregory Price
STREET ADDRESS: [] DELETE	CITY-ST-ZIP: [] DELETE	4.3 STREET ADDRESS: same as above	4.4 CITY-ST-ZIP: same as above
TITLE: [] DELETE	NAME: [] DELETE	5.1 TITLE: AS	5.2 NAME: David S. Waskey
STREET ADDRESS: [] DELETE	CITY-ST-ZIP: [] DELETE	5.3 STREET ADDRESS: same as above	5.4 CITY-ST-ZIP: same as above
TITLE: [] DELETE	NAME: [] DELETE	6.1 TITLE: AS	6.2 NAME: Mary D. Wiley
STREET ADDRESS: [] DELETE	CITY-ST-ZIP: [] DELETE	6.3 STREET ADDRESS: same as above	6.4 CITY-ST-ZIP: same as above

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Mary D. Wiley* DATE: 4/22/98

CR2E034 (10/97)

(CONTINUATION)

OFFICERS AND DIRECTORS OF NORMAL LIFE OF FLORIDA, INC.

AT

Addition

**Pamela M. Spaniac
10140 Linn Station Rd.
Louisville, KY 40223**

D

Addition

**James R. Fornear
same as above**