2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: Mary D. Peters

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCU	MENT #	S69340					<u> </u>	SECRETA DIVISION O	i woni c	MAHURS	
1. Entity Name RES-CARE FLORIDA, INC.								04 JAN 2	20 PH	3:51	
rincipal Plac	ce of Business		Mailing	Address							
10140 LINN STATION RD Louisville, ky 40223 us				10140 LINN SATION RD Louisville, ky 40223 us			,				
2. Principal Place of Business			3. Maili	3. Mailing Address							
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.			01072004	Chg-P	CR2E	034 (10/03)	1/2
City & State			City &	City & State			4. FEI Numb			<u> </u>	plied For
Zip Country		Zip	Zip Co		ntry	5. Certificate	e of Status Desired		\$8.75 Add		
	6. Name an	d Address of Curren	t Registered	d Agent		I	7. Name and	d Address of New	Registered	'	
T CORP	ORATION SY	/STEM				Name					
200 S. P.	INE ISLAND	ROAD				Street Addres	ss (P.O. Box Numb	er is Not Acceptab	le)		
LANTAT	TON, FL 333	24									
						City			FL	Zip Cod	e
						'			FL	- ,	
The above	e named entity su	rhmite this statement t	for the nume	see of changing i	te registere	ad office or regi	etorod agont, or bo	th in the State of E	ilorido Lom	familiar with	and accept
The above	e named entity su tions of registere	ibmits this statement t d agent.	for the purpo	ese of changing i	ts registere	ed office or regi	stered agent, or bo	oth, in the State of F	iorida. I am	familiar with,	and accept
The above the obligat	tions of registere	d agent.		•	ts registere	ed office or regi	stered agent, or bo	oth, in the State of F	iorida. I am	familiar with,	and accept
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the obligation of the obligati	Signature, typed or pr	d agent.	nt and title if appli	•	OTE: Registered	od Agent signature req		oth, in the State of F		familiar with,	and accept
the obligated and the obligate	Signature, typed or pr	rinted name of registered ager EE IS \$150.00	nt and title if appli	cable. (NO). Election Camp Trust Fund Co	OTE: Registered	nd Agent signature req	\$5.00 May Be Added to Fees	oth, in the State of F	DATE		
FIL After M	Signature, typed or processing the signature of the signa	d agent. rinted name of registered ager EE IS \$150.00 Gee will be \$550 OFFICERS ANG	nt and title if appli	cable. (NO). Election Camp Trust Fund Co	DTE: Registered paign Finan ntribution. 11.	ncing .	\$5.00 May Be Added to Fees		DATE		
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1-08.04

502-394-2100 Daytime Phone #



RES-CARE FLORIDA, INC.

OFFICERS & DIRECTORS

<u>OFFICERS</u>	NAME	STREET	CITY	STATE	ZIP
President	Ronald G. Geary	10140 Linn Station Road	Louisville	Kentucky	40223
Treasurer	Katherine W. Gilchrist	10140 Linn Station Road	Louisville	Kentucky	40223
Secretary & Vice President	Ralph G. Gronefeld, Jr.	10140 Linn Station Road	Louisville	Kentucky	40223
Vice President	Paul G. Dunn	10140 Linn Station Road	Louisville	Kentucky	40223
Vice President	Allen G. Marchetti	10140 Linn Station Road	Louisville	Kentucky	40223
Assistant Secretary	David S. Waskey	10140 Linn Station Road	Louisville	Kentucky	40223
Assistant Secretary	Mary D. Peters	10140 Linn Station Road	Louisville	Kentucky	40223
Assistant Treasurer	L. Bryan Shaul	10140 Linn Station Road	Louisville	Kentucky	40223
Assistant Treasurer	D. Ross Davison	10140 Linn Station Road	Louisville	Kentucky	40223
BOARD OF DIRECTORS	NAME	STREET	CITY	STATE	ZIP
Director	Ronald G. Geary	10140 Linn Station Road	Louisville	Kentucky	40223
Director	Ralph G. Gronefeld, Jr.	10140 Linn Station Road	Louisville	Kentucky	40223
Director	Allen G. Marchetti	10140 Linn Station Road	Louisville	Kentucky	40223
Director	Katherine W. Gilchrist	10140 Linn Station Road	Louisville	Kentucky	40223