2008 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an

SIGNATURE:

Secretary of State DOCUMENT # S69340 01-24-2008 90044 031 ***150.00 1. Entity Name RES-CARE FLORIDA, INC. 4000000 Principal Place of Business Mailing Address 10140 LINN STATION RD 10140 LINN SATION RD LOUISVILLE, KY 40223 LOUISVILLE, KY 40223 US 2. Principal Place of Business No P.O. Box # 3. Mailing Address agol Linu Station Rd Same Suite, Apt. #, etc. Suite, Apt. #, etc. 01102008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For uuisvilla 61-1204314 Not Applicable Country (Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code FL 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typho or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PD TITLE ☐ Delete TITLE Change ☐ Addition 19901 Linn Station Rd NAME GRONEFELD JR., RALPH G NAME STREET ADDRESS 10140 LINN STATION RD STREET ADDRESS CITY-ST-ZIP LOUISVILLE, KY 40223 CITY-ST-ZIP AS TITLE Delete TITLE ☐ Change Addition PETERS, MARY D NAME STREET ADDRESS 10140 LINN STATION RD STREET ADDRESS CITY-ST-ZIP LOUISVILLE, KY 40223 CITY-ST-ZIP TITLE AS ☐ Delete TITLE (A) Change ☐ Addition WASKEY, DAVID S NAME 9901 Linn Station Rd STREET ADDRESS 10140 LINN STATION RD STREET ADDRESS CITY-ST-ZIP LOUISVILLE, KY 40223 CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition michael Reibel GILCREST, KATHERINE W NAME 9901 Linn Station Rd STREET ADDRESS 10140 LINN STATION RD STREET ADDRESS CITY-ST-ZIP LOUISVILLE, KY 40223 CITY-ST-ZIP Louisville KY 40223 Addition TITLE ☐ Delete TITLE W ☐ Change Allen marchetti NAME NAME station ad STREET ADDRESS STREET ADDRESS Linn 9901 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TREASURE Addition TITLE THUE ☐ Change David w. miles NAME NAME 19901 linn station Rd STREET ADDRESS STREET ADDRESS 40223 CITY-ST-7IP CITY-ST-ZIP Louisille 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of supplemental 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 of their ceeper of trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED Jan 24, 2008 8:00 am ATTACHMENT HOOD

596340

Res-Care Florida, Inc. Director and Officers

Name (Last, First Middle)	Title	Business Addres		
Gronefeld, Jr., Ralph G.	Director & President	9901Linn Station Road		
		Louisville	KY	40223
Marchetti, Allen G.	Director & Vice President	9901Linn Station Road		
		Louisville	KY	40223
Miles, David W.	Director & Assistant Treasurer	9901Linn Station Road		
		Louisville	KY	40223
Reibel, Michael J.	Director	9901 Linn Station Road		
		Louisville	KY	40223
Waskey, David S.	Director & Assistant Secretary	9901Linn Station Road		
		Louisville	KY	40223