

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S69340

FILED  
Feb 12, 2009  
Secretary of State

Entity Name: RES-CARE FLORIDA, INC.

**Current Principal Place of Business:**

9901 LINN STATION RD  
LOUISVILLE, KY 40223 US

**New Principal Place of Business:**

**Current Mailing Address:**

9901 LYNN STATION RD  
LOUISVILLE, KY 40223 US

**New Mailing Address:**

FEI Number: 61-1204314      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GRONEFELD JR., RALPH G  
Address: 9901 LINN STATION RD  
City-St-Zip: LOUISVILLE, KY 40223

Title: AS ( ) Delete  
Name: WASKEY, DAVID S  
Address: 9901 LINN STATION RD  
City-St-Zip: LOUISVILLE, KY 40223

Title: D ( ) Delete  
Name: REIBEL, MICHAEL  
Address: 4901 LINN STATION RD  
City-St-Zip: LOUISVILLE, KY 40223

Title: DVO ( ) Delete  
Name: ALLEN, MARCHETTI  
Address: 9901 LINN STATION RD  
City-St-Zip: LOUISVILLE, KY 40223

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: S (X) Change ( ) Addition  
Name: WASKEY, DAVID  
Address: 9901 LINN STATION RD  
City-St-Zip: LOUISVILLE, KY 40223

Title: D (X) Change ( ) Addition  
Name: REIBEL, MICHAEL  
Address: 9901 LINN STATION RD  
City-St-Zip: LOUISVILLE, KY 40223

Title: V (X) Change ( ) Addition  
Name: MARCHETTI, ALLEN  
Address: 4901 LINN STATION RD  
City-St-Zip: LOUISVILLE, KY 40223

Title: P (X) Change ( ) Addition  
Name: KELLEY, PATRICK  
Address: 9901 LINN STATION RD  
City-St-Zip: LOUISVILLE, KY 40223

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID WASKEY

S

02/12/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date