

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S69340

FILED
Feb 16, 2011
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

OFFICERS AND DIRECTORS:

Title: S
Name: WASKEY, DAVID S
Address: 9901 LINN STATION RD LOUISVILLE KY 40223 L
City-St-Zip: LOUISVILLE, KY 40223 US

Title: D
Name: REIBEL, MICHAEL
Address: 9901 LINN STATION RD LOUISVILLE KY 40223 L
City-St-Zip: LOUISVILLE, KY 40223 US

Title: D
Name: MARCHETTI, ALLEN
Address: 9901 LINN STATION ROAD LOUISVILLE KY 40223
City-St-Zip: LOUISVILLE, KY 40223 US

Title: P
Name: KELLEY, PATRICK
Address: 9901 LINN STATION RD LOUISVILLE KY 40223 L
City-St-Zip: LOUISVILLE, KY 40223 US

Title: T
Name: MILES, DAVID W
Address: 9901 LINN STATION ROAD LOUISVILLE KY 40223
City-St-Zip: LOUISVILLE, KY 40223 US

I hereby 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 all other like empowered.

SIGNATURE: DAVID S WASKEY

S

02/16/2011

Electronic Signature of Signing Officer or Director

_____ Date