## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

V37606

(3)

VC - WM, INC.

Principal Place of Business 3300 PROVIDIAN CENTER LOUISVILLE KY 40202 Mailing Address

3300 PROVIDIAN CENTER LOUISVILLE KY 40202

## FILED May 01 1998 8:00am Secretary of State



LOUISVILLE KY 40202		LOUISVILLE KY 40202		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified 05/20/1992		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21		26			58-2226419	N	ot Applicable
Sulte, Apt.	#, etc. Market St., Ste. 3300	Suite, Apt. #, etc. 27 400 W. Market St., Ste. 3300			6. Certificate of Status Desired Section Secti		
City & State City & State			•	3. 3300	6. Election Campaign Financing		) May Be
20	ille, KY	28 Louisville, K			Trust Fund Contribution		to Fees
Zip	Country	Žιρ	Coun	•	8. This corporation owes or has paid the curre		
24 4020	· · <u>11 <del></del></u>	29 40202	30 [	<u>r</u>	Personal Property Tax due June 30.		No
	9. Name and Address of Curren			1 Name	10. Name and Address of Rew Registered A	Gent	
	RPORATION SERVICE COMPAN	γ		Name			
1201 HAYS STREET TALLAHASSEE FL 32301			1	Street	Address (P.O. Box Number is Not Acceptable)		
i ni	DEATH-OOCE IE 02001		Ī	13			
			Ē	4 City	FI	<b>85 Z</b> ip	Code
11, Pursuant t	to the provisions of Sections 607,050	2 and 607.1508, Florida State	utes, the abo	ve-named	corporation submits this statement for the purpose of	changing	its registered
office or re agent. I as	<b>egiste</b> red agent, or both, in the State <b>m fam</b> iliar with, and accept the obliga	of Florida. Such change was ations of, Section 607.0505, I	s authorized Florida Statu	by the corp tes.	poration's board of directors. I hereby accept the appo	япинен аз	s registered
SIGNATURE	Signature, typed or printed name of registered age	nt and tate if applicable (NC	OTE: Registered	Agent signature	required when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
TITLE	DEVP	DELETE	1.1 THTL	E		<b>X</b> Change	Addition
NAME	BARR, MICHAEL R		1.2 NAN	IE	400 77 34 4 7 7 7		
STREET ADDRESS 3300 PROVIDIAN CENTER, 400 W. MARKET ST.			1.3 STR	EET ADDRESS	400 W. Market St., Ste. 3300		
CITY-ST-ZIP	LOUISVILLE KY 40202		1.4 C(T)	- ST - ZIP			
TITLE	D	☐ DELETE	2.1 TITL	E		X Change	Addition
NAME	LUNDSFORD, W. BRUCE		2.2 NAN	1E			
STREET ADDRESS	3300 PROVIDIAN CENTER, 40	00 W. MARKET ST.	2 3 STR	LET ADDRESS	400 W. Market St., Ste. 3300		
CITY-ST-ZIP	LOUISVILLE KY 40202		2. 4 CIT	Y-ST-ZIP			
TITLE	D	☐ DELETE	3.1 TUL	E		Change	Addition
NAME	reed, W. Earl III		3 2 NAN	1E	100 H M 1 . 0 . 0 . 0000		
STREET ADDRESS	3300 PROVIDIAN CENTER, 40	00 W. MARKET ST.	3 3 STA	EET ADDRESS	400 W. Market St., Ste. 3300		
CITY-ST-ZIP	LOUISVILLE KY 40202		3.4. C(T	Y-ST-ZIP		<del></del>	
TITLE	VP	☐ DELETE	4.1 1171	F		Change	☐ Addition
NAME	ANASTASIO, FRANK W		4. 2 NA	NE	400 W. Market St., Ste. 3300		
STREET ADDRESS	3300 PROVIDIAN CENTER, 40	00 W. MARKET ST.	4.3 STR	FET ADDRESS	400 W. PAIRSE St., Ste. 5500		
CITY-ST-ZIP	LOUISVILLE KY 40202			- ST - ZIP			T 4 100
TITLE	VP	☐ DELETE	5.1 TITL		1	Change	Addition
NAME	COWGILL, R. JOHN		5.2 NAM	-	400 M Mordent St. St. 2200		
STREET ADDRESS	3300 PROVIDIAN CENTER, 40	00 W. MARKET ST.	5.3 STR	EET ADDRESS	400 W. Market St., Ste. 3300		
CITY-ST-ZIP	LOUISVILLE KY 40202		5.4 CIT	-ST-ZIP			
TITLE	AS	☐ DELETE	6.1 TITE	E	Secretary	Change	Addition
NAME	LANDENWICH, JOSEPH L		6.2 NAN	AE.			
STREET ADDRESS	3300 PROVIDIAN CENTER, 40	00 W. MARKET ST.	6.3 STR	EET ADDRESS	400 W. Market St., Ste. 3300		
CITY-ST-ZIP	LOUISVILLE KY 40202		6.4 CIT	-ST-ZIP			

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.

Brian K. Wood

1.100.100

(FOO) FOC 7000

VC - WM, Inc.

DIRECTORS

Michael R. Barr

Director 400 West Market Street, Suite 3300 Primary Address:

Louisville, KY 40202

W. Bruce Lunsford

400 West Market Street, Suite 3300 Primary Address:

Louisville, KY 40202

W. Earl Reed, III

Primary Address:

Director 400 West Market Street, Suite 3300

Director

Louisville, KY 40202

**OFFICERS** 

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Primary Address:

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Vice President, Clinical Operations

Primary Address:

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Chief Operating Officer and Executive Vice President

Primary Address:

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Senior Vice President, Central Region

Primary Address:

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Senior Vice President, General Counsel and Assistant Secretary

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Vice President, West Region

Primary Address:

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Senior Vice President, Midwest Region

Primary Address:

Primary Address:

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**Executive Vice President, Operations** 

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Primary Address:

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Chairman of the Board, President, and Chief Executive Officer

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Vice President, Midwest Region

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iteven L. Monaghan

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