

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S69340

Entity Name: RES-CARE FLORIDA, INC.

Current Principal Place of Business:

9901 LINN STATION RD
LOUISVILLE, KY 40223

Current Mailing Address:

9901 LINN STATION RD
LOUISVILLE, KY 40223 US

FEI Number: 61-1204314

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Officer/Director Detail :

Title DIRECTOR & SECRETARY
Name REED, STEVEN S
Address 9901 LINN STATION RD LOUISVILLE
 KY 40223 L
City-State-Zip: LOUISVILLE KY 40223

Title DIRECTOR
Name REIBEL, MICHAEL
Address 9901 LINN STATION RD LOUISVILLE
 KY 40223 L
City-State-Zip: LOUISVILLE KY 40223

Title DIRECTOR & TREASURER
Name DAVISON, D. ROSS
Address 9901 LINN STATION ROAD
 LOUISVILLE KY 40223
City-State-Zip: LOUISVILLE KY 40223

Title DIRECTOR & PRESIDENT
Name KELLEY, PATRICK
Address 9901 LINN STATION RD LOUISVILLE
 KY 40223 L
City-State-Zip: LOUISVILLE KY 40223

Title DIRECTOR & VICE PRESIDENT
Name RUSSELL, DOUGLAS
Address 9901 LINN STATION ROAD
City-State-Zip: LOUISVILLE KY 40223

Title ASSISTANT TREASURER
Name FISHER, KEVIN G
Address 9901 LINN STATION ROAD
City-State-Zip: LOUISVILLE KY 40223

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: STEVEN S. REED

SECRETARY

03/24/2015

Electronic Signature of Signing Officer/Director Detail

Date