

**2014 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 LYNN 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**

**03/17/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date