

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S69340

**Entity Name:** RES-CARE FLORIDA, INC.

**Current Principal Place of Business:**

805 N. WHITTINGTON PARKWAY  
SUITE 400  
LOUISVILLE, KY 40222

**Current Mailing Address:**

805 N. WHITTINGTON PARKWAY  
SUITE 400  
LOUISVILLE, KY 40222 US

**FEI Number:** 61-1204314

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 SECRETARY  
Name BROWN, ALLISON L.  
Address 805 N. WHITTINGTON PARKWAY  
SUITE 400  
City-State-Zip: LOUISVILLE KY 40222

Title TREASURER  
Name PHIPPS, JENNIFER A.  
Address 805 N. WHITTINGTON PARKWAY  
SUITE 400  
City-State-Zip: LOUISVILLE KY 40222

Title PRESIDENT, DIRECTOR  
Name BARNES, ROBERT A.  
Address 805 N. WHITTINGTON PARKWAY  
SUITE 400  
City-State-Zip: LOUISVILLE KY 40222

Title VP, DIRECTOR  
Name MORE, KIM I.  
Address 805 N. WHITTINGTON PARKWAY  
SUITE 400  
City-State-Zip: LOUISVILLE KY 40222

Title VP, DIRECTOR  
Name DYE, LESA  
Address 805 N. WHITTINGTON PARKWAY  
SUITE 400  
City-State-Zip: LOUISVILLE KY 40222

*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:** ALLISON L. BROWN

**SECRETARY**

**04/24/2024**

Electronic Signature of Signing Officer/Director Detail

Date