2022 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	Title	TREASURER
Name	REED, STEVEN S.	Name	MATTINGLY JR., JAMES F.
Address	805 N. WHITTINGTON PARKWAY SUITE 400	Address	805 N. WHITTINGTON PARKWAY SUITE 400
City-State-Zip:	LOUISVILLE KY 40222	City-State-Zip:	LOUISVILLE KY 40222
Title	PRESIDENT, DIRECTOR	Title	VP, DIRECTOR
Name	BARNES, ROBERT A.	Name	MORE, KIM I.
Address	805 N. WHITTINGTON PARKWAY SUITE 400	Address	805 N. WHITTINGTON PARKWAY SUITE 400
City-State-Zip:	LOUISVILLE KY 40222	City-State-Zip:	LOUISVILLE KY 40222
Title	ASSISTANT TREASURER	Title	VP, DIRECTOR
Name	FISHER, KEVIN G.	Name	DYE, LESA
Address	805 N. WHITTINGTON PARKWAY SUITE 400	Address	805 N. WHITTINGTON PARKWAY SUITE 400
City-State-Zip:	LOUISVILLE KY 40222	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: STEVEN S. REED   SECRETARY   04/22/2022

Electronic Signature of Signing Officer/Director Detail   Date