

2023 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: BROWN , ALLISON L.

SECRETARY

04/24/2023

Electronic Signature of Signing Officer/Director Detail

Date