

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000007153

**Entity Name:** KINDRED REHAB GROUP MANAGEMENT SERVICES, LLC

**Current Principal Place of Business:**

680 SOUTH FOURTH STREET  
LOUISVILLE, KY 40202

**Current Mailing Address:**

680 SOUTH FOURTH STREET  
LOUISVILLE, KY 40202

**FEI Number: 36-4204216**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH 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

**Authorized Person(s) Detail :**

Title MGR  
Name DAY, JOEL W  
Address 680 SOUTH FOURTH STREET  
City-State-Zip: LOUISVILLE KY 40202

Title MGR  
Name LANDENWICH, JOSEPH  
Address 680 SOUTH FOURTH STREET  
City-State-Zip: LOUISVILLE KY 40202

Title MGR  
Name FLOWERS, JAMES T  
Address 680 SOUTH FOURTH STREET  
City-State-Zip: LOUISVILLE KY 40202

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JOSEPH LANDENWICH**

**MANAGER**

**03/29/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date