

F01000004056

July 27, 2001

Florida Department of State
Corporations Division
P.O. Box 6327
Tallahassee, Florida 32314

3000004509293--6
-07/31/01--01037--002
*****70.00 *****70.00

RE: Kindred Acute Pulmonary East, Inc.

Dear Sir or Madam:

Enclosed please find an Application of Authority, a check for \$70.00 and a Certificate of Good Standing for the above-referenced entity.

Please file this application and return evidence to me at your earliest convenience in the enclosed self-addressed stamped envelope. *not enclosed*

If you have any questions, please call me at (502) 596-7044. Thank you for your assistance.

Sincerely,

Deborah Ulin
Deborah Ulin
Paralegal

dau
enclosures

03 JUL 31 PM 3:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Kindred Acute Pulmonary East, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Delaware 3. Applied For
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. July 16, 2001 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. WHEN APPLICATION IS FILED,
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 680 South Fourth Street Louisville, KY 40202
(Current mailing address)
8. Provide Healthcare Services
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)
- Name: C T Corporation System
- Office Address: 1200 South Pine Island Road
- Plantation, Florida, 33324
(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System

Susan J. Metee
(Registered agent's signature)

Susan J. Metee
Assistant Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: James H. Gillenwater, Jr.

Address: 680 South Fourth Street

Louisville, KY 40202

Director: M. Suzanne Riedman and Richard A. Schweinhart, Director

Address: 680 South Fourth Street 680 South Fourth Street

Louisville, KY 40202 Louisville, KY 40202

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Edward L. Kuntz

Address: 680 South Fourth Street

Louisville, KY 40202

Vice President: Richard A. Schweinhart

Address: 680 South Fourth Street

Louisville, KY 40202

Secretary: Joseph L. Landenwich

Address: 680 South Fourth Street

Louisville, KY 40202

Treasurer: Richard A. Lechleiter

Address: 680 South Fourth Street

Louisville, KY 40202

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Joseph L. Landenwich, Secretary

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Office of the Secretary of State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KINDRED ACUTE PULMONARY EAST, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF JULY, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

FILED
01 JUL 31 PM 3:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 1254441

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DATE: 07-20-01