2002 UNIFORM BUSINESS REPORT (UBR)

Jun 11, 2002 8:00 am Secretary of State DOCUMENT # F01000004056 05-13-2002 90188 013 ***150.00 1. Entity Name KINDRED ACUTE PULMONARY EAST. INC. Principal Place of Business Mailing Address 8 A 4 C C 680 SOUTH FOURTH STREET 680 SOUTH FOURTH STREET 880 SOUTH LOUPTH STREET HY EQUAL SI LOUISVILLE KY 40202 LOUISVILLE KY 40202 LOUISVILLE KY 40802 民事意证的 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 6-1393866 APPLIED FOR City & State 4. FEI Number Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C'T CORPORATION SYSTEM Street Address (P.O. Box Number Is Not Acceptable) CNI 1200 SOUTH PINE ISLAND ROAD 1200 SOUTH DIME ISLAND DOWN PLANTATION FL 33324 PLANTATION FL 32324 City Zip Code 8. 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE (9/04) Detete TITLE M Channe ☐ Addition PRESIDENT NAME NAME KUNTZ, EDWARD L KUNTZ EDWARD L PAUL J. DIAZ STREET ADDRESS **680 SOUTH FOURTH STREET** STREET ADDRESS CR2E034 680 SOUTH FOURTH STREET THE FOURTH STREET CITY-ST-ZIP CITY-ST-7IP **LOUISVILLE KY 40202** LOUISVILLE, KY 402020/SVIELE KY 3020/2 ☐ Delete TITLE VICE PRESIDENT NAME NAME SCHWEINHART, RICHARD A DAVID R. WINDHORSTAWEINHART, RICHAPO A STREET ADDRESS STREET ADDRESS **680 SOUTH FOURTH STREET** 680 SOUTH FOURTH STREET THE FOURTH STREET CITY-ST-ZIP LOUISVILLE, KY 40202 USVILLE KY 41.969 City-St-7iP LOUISVILLE KY 40202 TITLE .. TITLE Change : 2 3 Val. 1 42 4 4 NAME NAME LANDENWICH, JOSEPH L LANCENWICH, JOSEPH L STREET ADDRESS STREET ADDRESS 680 SOUTH FOURTH STREET 620 SULTH FOURTH STROTT CITY-ST-ZIP CITY-ST-ZIP LOUISVILLE KY 40202 LOUSSMILE ROY WITH TITLE TITLE ☐ Change ■ Addition NAME LECHLETTER, RICHARD A NAME CECHLETTER, ALCHARD A STREET ADDRESS STREET ADDRESS 680 SOUTH FOURTH STREET ard south fourth staget CITY-ST-7IP CITY-ST-ZIP LOUISVILLE KY 40202 LOUISMITE ICY aimio TITLE ☐ Delete TITLE Change ☐ Addition NAME GILLENWATER, JAMES H JR NAME GILLENWATER, JAMES H JR STREET ADDRESS STREET ADDRESS **680 SOUTH FOURTH STREET** 600 SOUTH FOREITH STREET CITY-ST-ZIF CITY-ST-ZIP LOUISVILLE KY 40202 LOUISMILE XY CODDS TITLE Delete TITLE ☐ Change Addition NAME RIEDMAN, M. SUZANNE NAME SPEDMAN, IL SIZATRE STREET ADDRESS STREET ADDRESS 680 SOUTH FOURTH STREET FERRY COUNTY FOUNDS 978-ET CITY-ST-ZIP LOUISVILLE KY 40202 CITY-ST-ZIP LOUISVILLE KY KOO? 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 it changed, or on an attachment with an address, with all other like empowered.

ASISMATURE HRICHARDASIECHLEITER

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

502-596-7300

Daytime Phone #