## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)** F01000004056

**DOCUMENT #** 1. Entity Name

KINDRED ACUTE PULMONARY EAST, INC.

Apr 11, 2003 8:00 am & Secretary of State

04-11-2003 90073 026 \*\*\*150.00

| <br>   |  | *   |                       | 1/3                 |  |                                      |                            |   |                                 |                                  |  |  |
|--|--|---|-----------------------|---------------------|--|--------------------------------------|----------------------------|---|---------------------------------|----------------------------------|--|--|
|  | ce of Business OURTH STREET Y 40202                                | Mailing Address 680 SOUTH FOURTH STREET LOUISVILLE KY 40202 |                       |                     |  |                                      | 1   <b>1   1   1   1  </b> | ra tradi <b>da</b> dih <b>ab</b> ihk <b>a</b> | 1471 <b>#4</b> 144 <b>84</b> 11 | 11 <b>1</b> 11111 <b>11</b> 1111 | <b>8</b> 161 <b>8</b> 8661 18 <b>8</b> 1 |  |
| 2. Principal F   | Place of Business  | 3. Mailing Address  |                       |                     |  | -                                    |                            |   |                                 |                                  |  |  |
| Suite, Apt,  | #, etc.  | Suite, Apt. #, etc.   |                       |                     |  | (A) CHECK HERE IF MAKING CHANGES     |                            |   |                                 |                                  |  |  |
| City & Stat  | е  | City & State  |                       |                     |  | 4. FEI Number 61-1303866 Applied For |                            |   |                                 |                                  |  |  |
| Zip  | Country  | Zip   |                       | Country             |  | 5. Certificate of Status Desired     |                            |   |                                 | 8.75 Addee Require               |  |  |
|  | 6. Name and Address of Current F                                   | Registered  | Agent                 | 1                   |  | 7. N                                 | lame and Addres            | ss of New Real                                |                                 |                                  |  |  |
|  |  |   |                       | Nar                 | ne   |                                      |                            |   | <b>-</b>                        |                                  |  |  |
| C T CORF   | PORATION SYSTEM  |   |                       | Stre                | Street Address (P.O. Box Number is Not Acceptable) |                                      |                            |   |                                 |                                  |  |  |
| 1200 SOL   | JTH PINE ISLAND ROAD   |   |                       |                     |  |                                      |                            |   |                                 |                                  |  |  |
| PLANTATI   | ON FL 33324  |   |                       |                     |  |                                      |                            |   | _                               |                                  |  |  |
|  |  |   |                       | City                | ,  |                                      |                            |   | FL                              | Zip Cod                          | le                                       |  |
|  | named entity submits this statement for tions of registered agent. | the purpo   | se of changing its re | egistered offic     | ce or register                                     | red age                              | ent, or both, in the       | State of Florida                              | a. I am fai                     | miliar with,                     | and accept                               |  |
| SIGNATURE .  |  |   |                       |                     |  |                                      |                            |   |                                 |                                  | }  |  |
| SIGNATORE .  | Signature, typed or printed name of registered agent ar            | nd title if applic  | cable. (NOTE:         | Registered Agent    | signature required                                 | d when rei                           | instating)                 |   | DATE                            |                                  |  |  |
| _  | ILE NOW!!! FEE IS \$150.00   |   |                       |                     |  |                                      | 9. Election C              | ampaign Financ                                | eina                            | \$5.0                            | 0 May Be                                 |  |
| After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State |  |   |                       |                     |  |                                      |                            | Contribution.                                 |                                 |                                  | d to Fees                                |  |
| 10.  | OFFICERS AND D   | <u>.</u>  |                       | 11.                 |  | ADI                                  | DITIONS/CHANG              | SES TO OFFICE                                 | RS AND F                        | DIRECTOR                         | S IN 11                                  |  |
| TITLE  | P .  | JINEO TON   | Z Delete              | TITLE               | Pre  |                                      | lent                       | JES 10 OTTIOL                                 |                                 | Change                           | Addition                                 |  |
| NAME   | KUNTZ, EDWARD L  |   |                       | NAME                | Pau  | ı1 J                                 | J. Diaz                    |   | •                               |                                  | -X                                       |  |
| STREET ADDRESS   | 680 SOUTH FOURTH STREET  |   |                       | STREET ADDR         | <sup>ESS</sup>   680                               | s.                                   | Fourth                     | Street  |                                 |                                  |  |  |
| CITY-ST-ZIP  | LOUISVILLE KY 40202  |   | <del></del>           | CITY - ST - ZIP     |  |                                      | <u>ille, K</u>             |   | <del></del>                     |                                  |  |  |
| TITLE<br>NAME  | V COUNTINUADT DICHARD A  |   | ☐ Delete              | TITLE<br>NAME       | Vic  | e F                                  | residen                    | t   |                                 | Change                           | X Addition                               |  |
| STREET ADDRESS   | SCHWEINHART, RICHARD A<br>680 SOUTH FOURTH STREET                  |   |                       | STREET ADDR         |  |                                      | R. Wind                    |   | 00+                             |                                  |  |  |
| CITY-ST-ZIP  | LOUISVILLE KY 40202  |   |                       | CITY-ST-ZIP         | Lou  | iisv                                 | rille, K                   | Y 40202                                       | eet                             |                                  |  |  |
| TITLE  | S  |   | Delete                | TITLE               |  | -                                    |                            |   |                                 | Change                           | Addition                                 |  |
| NAME   | LANDENWICH, JOSEPH L   |   |                       | NAME                |  |                                      |                            |   |                                 |                                  |  |  |
| STREET ADORESS<br>CITY-ST-ZIP  | 680 SOUTH FOURTH STREET  |   |                       | STREET ADDR         | ESS  |                                      |                            |   |                                 |                                  |  |  |
| TITLE  | LOUISVILLE KY 40202  |   | ☐ Delete              | TITLE               |  |                                      | <del>-</del>               |   |                                 | Change                           | ☐ Addition                               |  |
| NAME   | LECHLEITER, RICHARD A  |   | Delete                | NAME                |  |                                      |                            |   | L                               | Gliange                          |  |  |
| STREET ADDRESS   | 680 SOUTH FOURTH STREET  |   |                       | STREET ADDR         | ESS  |                                      |                            |   |                                 |                                  |  |  |
| CITY-ST-ZIP  | LOUISVILLE KY 40202  |   |                       | CITY-ST-ZIP         |  |                                      |                            |   |                                 |                                  |  |  |
| TITLE  | D  |   | ☐ Delete              | TITLE               |  |                                      |                            |   |                                 | Change                           | ☐ Addition                               |  |
| NAME<br>CIRCET ADDRESS   | GILLENWATER, JAMES H JR  |   |                       | NAME<br>CAREET ADDO |  |                                      |                            |   |                                 |                                  |  |  |
| STREET ADDRESS<br>CITY-ST-ZIP  | 680 South Fourth Street<br>Louisville Ky 40202                     |   |                       | STREET ADDR         | 199  |                                      |                            |   |                                 |                                  | }  |  |
| TITLE  | D  |   | <b>∑</b> Delete       | TITLE               | Vio  | ce J                                 | Presiden                   | t Tav   |                                 | Change                           | X Addition                               |  |
| NAME   | RIEDMAN, M. SUZANNE  |   | יבו הפומוני           | NAME                | Har  | nk I                                 | Robinson                   |   | _                               | onlings                          | A COUNTY                                 |  |
| STREET ADDRESS   | 680 SOUTH FOURTH STREET  |   |                       | STREET ADDR         | ,  |                                      | outh Fou                   |   |                                 |                                  | J  |  |
| CITY-ST-ZIP  | LOUISVILLE KY 40202  |   |                       | CITY-ST-ZIP         | Lou  | ıisv                                 | ville, K                   | Y 40202                                       | •                               |                                  |  |  |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

Hank Robinson

502-596-7300

April 02, 2003

## **DIRECTORS**

James H. Gillenwater, Jr.

Director

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

M. Suzanne Riedman

Director

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

Richard A. Lechleiter

Director

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

**OFFICERS** 

William M. Altman Primary Address: Vice President, Compliance and Government Relations

680 South Fourth Avenue Louisville, KY 40202

Frank J. Battafarano

f 'President, Hospital Division

Primary Address:

680 South Fourth Avenue

Louisville, KY 40202

Barbara L. Bayliss

Senior Vice President, Clinical and Residential Services

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

Kimberly A. Beach

Vice President, Operational Systems, Health Services Division

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

Lane M. Bowen

Senior Vice President, Pacific Region

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

Richard E. Chapman

Chief Administrative and Information Officer and Senior Vice President

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

Peter D. Corless

Vice President, Human Resources; Health Services Division

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

R. John Cowgill

Vice President, Facilities Management

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

Paul J. Diaz

President and Chief Operating Officer

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

Stephen M. Dobler

Vice President, I/S and Administration

Primary Address:

680 South Fourth Avenue Louisville, KY 40202 Attachment

Kindred Acute Pulmonary East, Inc.

Paul R. Eiseman

Vice President, Business Development; Hospital Division

Primary Address: 680 South Fourth Avenue

Louisville, KY 40202

Dennis J. Ertel Vice President, Clinical/Business Systems Development

Primary Address: 680 South Fourth Avenue

Louisville, KY 40202-2412

James R. Fegan, MD Chief Medical Officer, Health Services Division

Primary Address: 680 South Fourth Avenue Louisville, Kentucky 40202

James H. Gillenwater, Jr. Senior Vice President, Planning and Development

Primary Address: 680 South Fourth Avenue

Louisville, KY 40202

Dennis J. Hansen Vice President, Reimbursement; Health Services Division

Primary Address: ... 680 South Fourth Avenue Louisville, Kentucky 40202

Donna G. Kelsey Senior Vice President, Northeast Region

Primary Address: 680 South Fourth Avenue
Louisville, KY 40202

Susan M. Krueser Senior Vice President, Pacific Region
Primary Address: 680 South Fourth Avenue

Primary Address: 680 South Fourth Avenue Louisville, KY 40202

Edward L. Kuntz Chief Executive Officer

Primary Address: 680 South Fourth Avenue Louisville, Kentucky 40202

Mark A. Laemmle Vice President, Corporate Finance

Primary Address: 680 South Fourth Avenue Louisville, KY 40202

Joseph L. Landenwich Vice President, Corporate Legal Affairs and Corporate Secretary

Primary Address: 680 South Fourth Avenue Louisville, KY 40202

Richard A. Lechleiter Senior Vice President, Chief Financial Officer and Treasurer

Primary Address: 680 South Fourth Avenue

Louisville, KY 40202

John J. Lucchese Vice President, Finance and Corporate Controller

Primary Address: 680 South Fourth Avenue Louisville, KY 40202

Ruth A. Lusk Vice President, Operations; Hospital Division

Primary Address: 680 South Fourth Avenue Louisville, KY 40202

Katheryn J. Markham Vice President, Information Systems

Primary 680 South Fourth Avenue
Address: Louisville, KY 40202

Kim Martin Vice President, Risk Management

Primary 680 South Fourth Avenue
Address: Louisville, KY 40202

Attachment

## Kindred Acute Pulmonary East, Inc.

Charles H. Wardrip

Vice President, I/S Operations and Telecommunications

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

Anthony P Whitehead

Vice President, Finance; Hospital Division

Primary Address:

680 South Fourth Avenue Louisville, KY 40202-2412

David R. Windhorst

Vice President, Financial Systems Development

Primary Address:

680 South Fourth Avenue Louisville, KY 40202 Kindred Acute Pulmonary East, Inc.

Attachment

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Mark A. McCullough

Vice President, Pharmacy Services

Primary Address:

680 South Fourth Avenue Louisville, KY 40202-2412

Kathie M. McDonald

Vice President and Liability Claims Counsel

Primary Address:

680 South Fourth Avenue Louisville, KY 40202-2412

Steven L. Monaghan

Senior Vice President, Midwest Region

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

Stephen L. Moorhead

Vice President, Client Services

Primary Address:

680 South Fourth Avenue Louisville, KY 40202-2412

Susan E. Moss

Vice President, Corporate Communications

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

Sean R. Muldoon, MD, MPH

Chief Clinical Officer; Hospital Division

Primary Address:

680 South Fourth Avenue Louisville, KY 40202-2412

James J. Novak

Senior Vice President, Southeast Region

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

M. Suzanne Riedman

Senior Vice President and General Counsel

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

**Donald Hank Robinson** 

Vice President, Tax

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

Arthur L. Rothgerber

Vice President, Reimbursement

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

Robert E. Schmidt

Vice President, Finance; Health Services Division

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

Keith M. Sherman

Vice President, Human Resources and Labor Relations

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

David R. Stordy

Senior Vice President, South Region

Primary Address:

680 South Fourth Avenue Louisville, KY 40202-2412

Terry Tackett

Senior Vice President, Central Region

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

T. Stephen Turner

Senior Vice President, West Region

Primary Address:

680 South Fourth Avenue Louisville, KY 40202