



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90201 038 ***150.00

DOCUMENT # F03000005821					
1. Entity Name KINDRED HEALTHCARE, INC.					
Principal Place of Business 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202			Mailing Address 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202		
2. Principal Place of Business		3. Mailing Address		 04202005 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 61-1323993				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE VT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME ROBINSON, HANK	STREET ADDRESS 680 S. FOURTH ST. LOUISVILLE, KY 40202		NAME	STREET ADDRESS CITY-ST-ZIP	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME RIEDMAN, M. SUZANNE	STREET ADDRESS 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202		NAME	STREET ADDRESS CITY-ST-ZIP	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME LECHLEITER, RICHARD A	STREET ADDRESS 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202		NAME	STREET ADDRESS CITY-ST-ZIP	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME LANDENWICH, JOSEPH L	STREET ADDRESS 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202		NAME	STREET ADDRESS CITY-ST-ZIP	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME DIAZ, PAUL J	STREET ADDRESS 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202		NAME	STREET ADDRESS CITY-ST-ZIP	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME CHAPMAN, RICHARD E	STREET ADDRESS 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202		NAME	STREET ADDRESS CITY-ST-ZIP	
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Hank Robinson</i>			Hank Robinson 4/21/2005 (502) 596-7300		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

ATTACHMENT

Kindred Healthcare, Inc.

14005113

F03000005821

DIRECTORS

M. Suzanne Riedman

Director

Primary
Address:

680 South Fourth Avenue
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Richard A. Lechleiter

Director

Primary Address:

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Richard E. Chapman

Director

Primary Address:

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OFFICERS

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Senior Vice President, Compliance and Government Programs

Primary Address:

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Pamela Athanas

Vice Pres., Clinical Operations, Northeast Region, Health Services Division

Primary Address:

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Frank J. Battafarano

Executive Vice President and President, Hospital Division

Primary Address:

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Barbara L. Baylis

Sr. Vice President, Clinical & Residential Services; Health Services Division

Primary Address:

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Executive Vice President and Chief Administrative and Information Officer

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President and Chief Executive Officer

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