2006 FOR PROFIT CORPORATION

Apr 25, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # F03000005821 04-25-2006 90112 014 ***150.00 KINDRED HEALTHCARE, INC. Principal Place of Business Mailing Address **680 SOUTH FOURTH STREET 680 SOUTH FOURTH STREET** LOUISVILLE, KY 40202 LOUISVILLE, KY 40202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04132006 Chg-P CR2E034 (11/05) City & State City & State 4. FE! Number Applied For 61-1323993 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ROBINSON, HANK NAME STREET ADDRESS 680 S. FOURTH ST. STREET ADDRESS CITY-ST-ZIP LOUISVILLE, KY 40202 CITY-ST-ZIP TITLE ☐ Delete TITLE **Change** Addition RIEDMAN, M. SUZANNE NAME Thomas P. COOPER, M.D. STREET ADDRESS 680 SOUTH FOURTH STREET STREET ADDRESS CITY-ST-ZIP LOUISVILLE, KY 40202 CITY-ST-7IP TITLE ☐ Delete TITLE νP X Change ■ Addition NAME LECHLEITER, RICHARD A STREET ADDRESS 680 SOUTH FOURTH STREET STREET ADDRESS CITY-ST-ZIP LOUISVILLE, KY 40202 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition LANDENWICH, JOSEPH L NAME NAME STREET ADDRESS **680 SOUTH FOURTH STREET** STREET ADDRESS CITY-ST-ZIP LOUISVILLE, KY 40202 CITY-ST-ZIP TITLE ☐ Delete X Change Addition DIAZ, PAUL J NAME NAME MARK A. Mccullough STREET ADDRESS 680 SOUTH FOURTH STREET STREET ADDRESS CITY-ST-7IP LOUISVILLE, KY 40202 CITY-ST-ZIP TITLE · VP. ☐ Delete TITLE Change ☐ Addition NAME CHAPMAN, RICHARD E NAME 680 SOUTH FOURTH STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP LOUISVILLE, KY 40202 CITY-ST-71P

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/06

Daytime Phone #

FILED

ATTACHMENT

Directors / Officers Report

40062044

As of 3/24/2006

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#F03000005621

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Directors / Officers Report

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ATTACHMENT

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