2008 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # F03000005821 01-31-2008 90026 042 ***150.00 KINDRED HEALTHCARE, INC. Principal Place of Business Mailing Address 40015033 **680 SOUTH FOURTH STREET 680 SOUTH FOURTH STREET** LOUISVILLE, KY 40202 LOUISVILLE, KY 40202 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01182008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 61-1323993 Not Applicable Zip Country Zip Country \$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 FI 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 regulied when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change Addition ROBINSON, HANK NAME NAME STREET ADDRESS 680 S. FOURTH ST. STREET ADDRESS CITY-ST-ZIP LOUISVILLE, KY 40202 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition THOMAS, COOPER P NAME NAME STREET ADDRESS 680 SOUTH FOURTH STREET STREET ADDRESS CITY-ST-ZIP LOUISVILLE, KY 40202 CITY-ST-ZiP THILE ☐ Delete TITLE ☐ Change Addition LECHLEITER, RICHARD A NAME STREET ADDRESS 680 SOUTH FOURTH STREET STREET ADDRESS LOUISVILLE, KY 40202 CITY-ST-ZIP CITY-ST-ZIP THUS ☐ Delete TITLE ☐ Change Addition NAME LANDENWICH, JOSEPH L STREET ADDRESS 680 SOUTH FOURTH STREET STREET ADDRESS CITY-ST-ZIP LOUISVILLE, KY 40202 CITY-ST-7IP Delete TITLE TITLE Change ☐ Addition MCCULLOUGH, MARK A STREET ADDRESS 680 SOUTH FOURTH STREET STREET ADDRESS LOUISVILLE, KY 40202 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THLE ☐ Change ☐ Addition NAME CHAPMAN, RICHARD E NAME 680 SOUTH FOURTH STREET STREET ADDRESS STREET ADDRESS LOUISVILLE, KY 40202 CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing 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

NTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED Jan 31, 2008 8:00 am

ATTACHMENT 40015033
As of 1/18/2008
#F0300005821

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