2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2011
Secretary of State

DOCUMENT# F03000005821

Entity Name: KINDRED HEALTHCARE, INC.

Current Principal Place of Business:

680 SOUTH FOURTH STREET
LOUISVILLE, KY 40202

New Principal Place of Business:

Current Mailing Address:

680 SOUTH FOURTH STREET
LOUISVILLE, KY 40202

New Mailing Address:

FEI Number: 61-1323993 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: SVPT
Name: ROBINSON, HANK
Address: 680 S. FOURTH ST.
City-St-Zip: LOUISVILLE, KY 40202

Title: D
Name: THOMAS, COOPER P
Address: 680 SOUTH FOURTH STREET
City-St-Zip: LOUISVILLE, KY 40202

Title: VP
Name: LECHLEITER, RICHARD A
Address: 680 SOUTH FOURTH STREET
City-St-Zip: LOUISVILLE, KY 40202

Title: S
Name: LANDENWICH, JOSEPH L
Address: 680 SOUTH FOURTH STREET
City-St-Zip: LOUISVILLE, KY 40202

Title: VP
Name: CHAPMAN, RICHARD E
Address: 680 SOUTH FOURTH STREET
City-St-Zip: LOUISVILLE, KY 40202

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HANK ROBINSON SVPT 04/18/2011

Electronic Signature of Signing Officer or Director — Date