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2002 UNIFORM	BUSINESS	REPORT	(UBR

DOCUMENT # F9400003336 I. Entity Name KINDRED REHAB SERVICES, INC.				.,	May 14, 2002 8:00 am Secretary of State 05-14-2002 90037 036 ***150.00			
680 SOUTH FOURTH STREET 680 SOUTH ATTN: TAX DEPARTMENT ATTN: TAX LOUISVILLE KY 40202 LOUISVILLE US US		ATTN: TAX DEPARTMENT LOUISVILLE KY 40202	South Fourth Street N: Tax Department Isville Ky 40202		650 SOLEM FOUNTH STREET BUUS 455 600 SOLEM TAX DEPARTMENT AT AS			
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN TH	IIS SPACE	- 1111 S411 (SS)		
City & Sta	City & State City & State		·	22_02E0220			applied For lot Applicable	
ΣΙΡ	Country 6. Name and Address of Curre	Zip	Country		. Certificate of Status Desired	\$8.75 Ac Fee Requir	dditional ed	
3 an			Name	<u>/</u> 	. Name and Address of New Register	ea Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Street City	Street Address (P.O. Box Number is Not Acceptable) COM 2000 SOUTH DIME IS EACH DIMEN PLANTATION PLASTER City Zip Code					
SIGNATURE 9. This corp Tax filing	signature, typed or printed name of registered agriculture in the second	ont and title if applicable. (NOTE: Solid	Registered Agent signs ! FEE IS \$150 2 Fee will be \$	ature required when		\$5.0	O May Be	
11.		D DIRECTORS	12.	2. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 400 WEST MARKET STREET, SUITE SSUIT		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECT JAMES 680 SOI	DIRECTOR CEO			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BARR, MICHAEL R 400 WEST MARKET STREET, SUITE 3300 LOUISVILLE KY 40202		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT GGO MChange Addition DAVID R. WINDHORSTER, HICHARD, R 680 SOUTH FOURTH STREETST MARKET STREET, SUITE 2300 LOUISVILLE, KY 4020218598 (E-KY 40202				
NAME STREET ADDRESS CITY-ST-ZIP	REED, EARL W III RESS 400 WEST MARKET STREET, SUITE 3300		NAME STREET ADDRESS CITY-ST-ZIP	PAUL J. 680 SOU	PRESIDENT CFO Change Addition PAUL J. DIAZ REED, EARL WILL 680 SOUTH FOURTH STREETS I AGUICUT STREET, STAPE SCOOL LOUISVILLE, KY 40202 RESPECT FOR 40202			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FORCE, JILL L 400 WEST MARKET STREET, S LOUISVILLE KY 40202	UITE 3300	TITLE NAME STREET ADDRESS CITY-ST-ZIP	680 SOU	OR VF ANNE REIDMÂN VCZ, CILL L ITH FOURTH STREETS MARGET S ILLE, KY 4020215578135 KY 4020	Change GREET, SUNY	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FADT, THOMAS T 400 WEST MARKET STREET. SUITE 3300		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASU RICHAR 680 SOU	P 144-	☑ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LANDENWICH, JOSEPH L 400 WEST MARKET STREET, S	□ Delete UITE 3300	TITLE NAME STREET ADDRESS		S LANDSYMICH, JOSE 460 VIZST (JAMET C	☐ Change	☐ Addition .	

LOUISVILLE BY LOKOT 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JAE ARCHARD A LECHLEITER TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

502-596-7300

Date

Kindred Rehab Services, Inc.

F94000003336

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DIRECTORS

James H. Gillenwater, Jr.

Director

Primary Address:

680 South Fourth Avenue

Louisville, KY 40202

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《是话节·江河》上:先 31年1年

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Director

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Richard A. Lechleiter

Director

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Kindred Rehab Services, Inc.

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F9400MO 3336

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