

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91022 024 ***150.00

DOCUMENT # F94000003336

1. Entity Name
KINDRED REHAB SERVICES, INC.



Principal Place of Business
**680 SOUTH FOURTH STREET
ATTN: TAX DEPARTMENT
LOUISVILLE, KY 40202 US**

Mailing Address
**680 SOUTH FOURTH STREET
ATTN: TAX DEPARTMENT
LOUISVILLE, KY 40202 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202004

Chg-P

CR2E034 (10/03)

4. FEI Number
33-0359338

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **GILLENWATER, JAMES H**
STREET ADDRESS **680 SOUTH FOURTH ST.**
CITY-ST-ZIP **LOUISVILLE, KY 40202**

TITLE **VP** ☐ Delete
NAME **WINDHORST, DAVID R**
STREET ADDRESS **680 SOUTH FOURTH ST.**
CITY-ST-ZIP **LOUISVILLE, KY 40202**

TITLE **P** ☐ Delete
NAME **DIAZ, PAUL J**
STREET ADDRESS **680 SOUTH FOURTH ST.**
CITY-ST-ZIP **LOUISVILLE, KY 40202**

TITLE **VPT** ☐ Delete
NAME **ROBINSON, HANK**
STREET ADDRESS **680 SOUTH FOURTH ST.**
CITY-ST-ZIP **LOUISVILLE, KY 40202**

TITLE **T** ☐ Delete
NAME **LECHLEITER, RICHARD A**
STREET ADDRESS **680 SOUTH FOURTH ST.**
CITY-ST-ZIP **LOUISVILLE, KY 40202**

TITLE **S** ☐ Delete
NAME **LANDENWICH, JOSEPH L**
STREET ADDRESS **680 SOUTH FOURTH ST.**
CITY-ST-ZIP **LOUISVILLE, KY 40202**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition
NAME **M. Suzanne Riedman**
STREET ADDRESS **680 S. FOURTH ST.**
CITY-ST-ZIP **LOUISVILLE, KY 40202**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Hank Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hank Robinson
Date

4/22/2004
Date

(502) 596-7300
Daytime Phone #