


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90201 037 ***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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04202005 Chg-P CR2E034 (10/03)

4. FEI Number 33-0359338		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$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
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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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIEDMAN, M. SUZANNE 680 SOUTH FOURTH ST. LOUISVILLE, KY 40202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WINDHORST, DAVID R 680 SOUTH FOURTH ST. LOUISVILLE, KY 40202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIAZ, PAUL J 680 SOUTH FOURTH ST. LOUISVILLE, KY 40202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT ROBINSON, HANK 680 SOUTH FOURTH ST. LOUISVILLE, KY 40202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LECHLEITER, RICHARD A 680 SOUTH FOURTH ST. LOUISVILLE, KY 40202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LANDENWICH, JOSEPH L 680 SOUTH FOURTH ST. LOUISVILLE, KY 40202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Hank Robinson 4/21/2005 (502) 596-7300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

14005114

#F94000003336

Kindred Rehab Services, Inc.

DIRECTORS

M. Suzanne Riedman

Director

Primary
Address:

680 South Fourth Avenue
Louisville, KY 40202

Richard A. Lechleiter

Director

Primary Address:

680 South Fourth Avenue
Louisville, KY 40202

Richard E. Chapman

Director

Primary Address:

680 South Fourth Avenue
Louisville, KY 40202

OFFICERS

Janet M. Allen

Vice President, Clinical Services, Pharmacy Division

Primary Address:

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William M. Altman

Senior Vice President, Compliance and Government Programs

Primary Address:

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Pamela Athanas

Vice Pres., Clinical Operations, Northeast Region, Health Services Division

Primary Address:

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Frank J. Battafarano

Executive Vice President and President, Hospital Division

Primary Address:

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Louisville, KY 40202

Barbara L. Baylis

Sr. Vice President, Clinical & Residential Services; Health Services Division

Primary Address:

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Kimberly A. Beach

Vice President, Operational Systems, Health Services Division

Primary Address:

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Michael W. Beal

Sr. Vice President, Northeast Region, Health Services Division

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Michael J. Bean

Vice President, Tax

Primary Address:

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Gaylia B. Bond

Vice President, Human Resources, Hospital Division

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Lane M. Bowen

Executive Vice President and President, Health Services Division

Primary Address:

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Scott A. Burns

Vice President, Sales and Marketing, Pharmacy Division

Primary Address:

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Kindred Rehab Services, Inc.

John P. Caron

Vice President, Finance, South Region, Hospital Division

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Richard E. Chapman

Executive Vice President and Chief Administrative and Information Officer

Primary Address: 680 South Fourth Avenue
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Michael J. Comer

Vice President, Finance; West Region, Hospital Division

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Vice President, Facilities and Real Estate

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Vice President and Controller, Hospital Division

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Paul J. Diaz

President and Chief Executive Officer

Primary Address: 680 South Fourth Avenue
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Anthony Disser

Senior Vice President, Clinical Operations, Hospital Division

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Vice President, I/S and Administration

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Paul R. Eiseman

Vice President, Business Development; Hospital Division

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Dennis J. Ertel

Vice President, Systems Development

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Kindred Rehab Services, Inc.

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C. Michael Grannan Primary Address:	680 South Fourth Avenue Louisville, KY 40202	Vice President, Purchasing
Dennis J. Hansen Primary Address:	680 South Fourth Avenue Louisville, KY 40202	Senior Vice President, Reimbursement, Health Services Division
David G. Henderson Primary Address:	680 South Fourth Avenue Louisville, KY 40202	Senior Vice President, Central Region, Health Services Division
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Donna G. Kelsey Primary Address:	680 South Fourth Avenue Louisville, KY 40202	Senior Vice President, Pacific Region, Health Services Division
Hans E. Koehler Primary Address:	680 South Fourth Avenue Louisville, KY 40202	Vice President, Liability Claims
Keith K. Krein Primary Address:	680 South Fourth Avenue Louisville, KY 40202	Chief Medical Officer; Health Services Division
Mark A. Laemmle Primary Address:	680 South Fourth Avenue Louisville, KY 40202	Vice President, Corporate Finance
Joseph L. Landenwich Primary Address:	680 South Fourth Avenue Louisville, KY 40202	Senior Vice President, Corporate Legal Affairs and Corporate Secretary
Ronald C. Lazas Primary Address:	680 South Fourth Avenue Louisville, KY 40202	Vice President and Chief Counsel, Hospital Division
Richard A. Lechleiter Primary Address:	680 South Fourth Avenue Louisville, KY 40202	Senior Vice President and Chief Financial Officer

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Kindred Rehab Services, Inc.

John J. Lucchese Primary Address:	680 South Fourth Avenue Louisville, KY 40202	Vice President, Finance and Corporate Controller 14005114
Ruth A. Lusk Primary Address:	680 South Fourth Avenue Louisville, KY 40202	Senior Vice President, East Region; Hospital Division
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Susan E. Moss Primary Address:	680 South Fourth Avenue Louisville, KY 40202	Vice President, Corporate Communications
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M. Suzanne Riedman Primary Address:	680 South Fourth Avenue Louisville, KY 40202	Senior Vice President and General Counsel

Kindred Rehab Services, Inc.

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