

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000003336

FILED
Apr 18, 2011
Secretary of State

Entity Name: KINDRED REHAB SERVICES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 33-0359338

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: D
Name: BIRD, CHRISTOPHER M
Address: 680 SOUTH FOURTH ST.
City-St-Zip: LOUISVILLE, KY 40202

Title: D
Name: CHAPMAN, RICHARD E
Address: 680 S 4TH ST
City-St-Zip: LOUISVILLE, KY 40202

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

Title: D
Name: LECHLEITER, RICHARD A
Address: 680 SOUTH FOURTH ST.
City-St-Zip: LOUISVILLE, KY 40202

Title: S
Name: LANDENWICH, JOSEPH L
Address: 680 SOUTH FOURTH ST.
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