13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-7IP

PAUL J. DIAZ

680 SOUTH FOURTH STREET ICON PL, 639 S 475 ST

LOUISVILLE, KY 40202UISVILLE KY 40202

STREET ADDRESS

CITY-ST-7IP

ONE VENCOR PL., 680 S 4TH ST

LOUISVILLE KY 40202

MATURE RRICHARDASLECHLEITER E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

502-596-7300

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Kindred Healthcare Services, Inc.

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DIRECTORS

James H. Gillenwater, Jr.

Primary Address:

Director

680 South Fourth Avenue Louisville, KY 40202

M. Suzanne Riedman

Primary Address:

Director

680 South Fourth Avenue Louisville, KY 40202

Richard A. Lechleiter

Director

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

William M. Altman

Vice President, Compliance and Government Relations

Line of the debut

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

Frank J. Battafarano

President, Hospital Division

Primary Address:

680 South Fourth Avenue

Louisville, KY 40202

Lane M. Bowen

Senior Vice President, Pacific Region

Primary Address:

680 South Fourth Avenue

Lousiville, KY 40202

Richard E. Chapman

Primary Address:

Chief Administrative and Information Officer and Senior Vice President

680 South Fourth Avenue

Louisville, KY 40202

R. John Cowgill

Primary Address:

Vice President, Facilities Management

680 South Fourth Avenue Louisville, KY 40202

Paul J. Diaz

President and Chief Operating Officer

Primary Address:

680 South Fourth Avenue

Louisville, KY 40202

Paul R. Eiseman

Vice President, Business Development; Hospital Division

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

Dennis J. Ertel

Vice President, Clinical/Business Systems Development

Primary Address:

680 South Fourth Avenue Louisville, KY 40202-2412

James R. Fegan, MD

Chief Medical Officer, Health Services Division

Primary Address:

680 South Fourth Avenue Louisville, Kentucky 40202

Donald D. Finney

President, Health Services Division

Primary Address:

680 South Fourth Avenue Louisville, Kentucky 40202 Kindred Healthcare Services, Inc.

25

James H. Gillenwater, Jr.

Senior Vice President, Planning and Development 680 South Fourth Avenue

Louisville, KY 40202

Richard Gurka

Senior Vice President, Health Services Division

Primary Address:

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

Dennis J. Hansen

Vice President, Reimbursement; Health Services Division

Primary Address:

680 South Fourth Avenue Louisville, Kentucky 40202

Donna G. Kelsey

Senior Vice President, Northeast Region

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

Edward L. Kuntz

Chief Executive Officer

Primary Address:

680 South Fourth Avenue Louisville, Kentucky 40202

Joseph L. Landenwich

Vice President, Corporate Legal Affairs and Corporate Secretary

Primary Address:

680 South Fourth Avenue

Louisville, KY 40202

Richard A. Lechleiter Primary Address:

Senior Vice President, Chief Financial Officer and Treasurer

680 South Fourth Avenue

Louisville, KY 40202

Ruth A. Lusk

Vice President, Clinical Operations

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

Katheryn J. Markham

Vice President, Information Systems

Primary

680 South Fourth Avenue

Address:

Louisville, KY 40202

Mark A. McCullough

Vice President, Pharmacy Services

Primary Address: 680 South Fourth Avenue

Louisville, KY 40202-2412

Steven L. Monaghan Primary Address:

Senior Vice President, Midwest Region

680 South Fourth Avenue

Louisville, KY 40202

Susan E. Moss

Vice President, Corporate Communications

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

Sean R. Muldoon, MD, MPH

Chief Medical Officer; Hospital Division

Primary Address:

680 South Fourth Avenue

Louisville, KY 40202-2412

James J. Novak

Senior Vice President, Southeast Region

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

M. Suzanne Riedman

Senior Vice President and General Counsel

Primary Address:

680 South Fourth Avenue

Louisville, KY 40202

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Arthur L. Rothgerber

Primary Address:

Vice President, Reimbursement

680 South Fourth Avenue Louisville, KY 40202

Robert E. Schmidt Primary Address:

Vice President, Finance; Health Services Division

680 South Fourth Avenue Louisville, KY 40202

Keith M. Sherman Primary Address:

Vice President, Human Resources and Labor Relations 680 South Fourth Avenue

Louisville, KY 40202

David R. Stordy

Primary Address:

Senior Vice President, South Region

680 South Fourth Avenue Louisville, KY 40202-2412

Terry Tackett

Primary Address:

Senior Vice President, Central Region

680 South Fourth Avenue Louisville, KY 40202

T. Stephen Turner

Primary Address:

Senior Vice President, West Region

680 South Fourth Avenue

Louisville, KY 40202

Anthony P Whitehead

3.5

Primary Address:

Vice President, Finance; Hospital Division

680 South Fourth Avenue

Louisville, KY 40202-2412

David R. Windhorst

Primary Address:

Vice President, Financial Systems Development

680 South Fourth Avenue

Louisville, KY 40202