# **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT #

F9400003755

1. Entity Name

KINDRED HEALTHCARE SERVICES, INC.



**FILED** Apr 11, 2003 8:00 am § Secretary of State

04-11-2003 90074 035 \*\*\*150.00

Principal Place of Business 680 S 4TH ST LOUISVILLE KY 40202-2412 US 2. Principal Place of Business			Mailing Address 680 S 4TH ST ATTN: TAX DEPT LOUISVILLE KY 40202-2412 US 3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State				City & State				FEI Number 61-12649	93		oplied For
Zip ~				Zip Count			5.	5. Certificate of Status Desired			
	6. Name	and Address of Current F	Registere	ilstered Agent			7. Name and Address of New Registered Agent				
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324						Name Street Address (P.O. Box Number is Not Acceptable)					
: :									FL	Zip Cod	e
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, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								9. Election Campaign Trust Fund Contribu			<b>0</b> May Be I to Fees
10.		OFFICERS AND D	DIRECTO	RS	11.		Α[	DDITIONS/CHANGES TO C	FICERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT WOOD, BR ONE VENO LOUISVILLI	OR PL., 680 S 4TH ST		A Delete	TITLE NAME STREE CITY-	T ADDRESS	Direc James 680 S		ter Street	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LANDENWICH, JOSEPH L. ONE VENCOR PL., 680 S 4TH ST LOUISVILLE KY 40202					T ADDRESS ST-ZIP	<b>3</b>			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ST, DAVID R OR PL., 680 S 4TH ST EKY 40202		□ Delete	TITLE NAME STREE CITY-S	T ADDRESS				Change	☐ Addition
	VPWR TURNER, STEPHEN T ONE VENCOR PL., 680 S 4TH ST LOUISVILLE KY 40202					T ADDRESS ST-ZIP	<u>Hank</u> 680 S	Vice President, Tax Hank Robinson 680 South Fourth Street Louisville, KY 40202		☐ Change	X Addition
STREET ADDRESS	CEOP KUNTZ, EDWARD L ONE VENCOR PL., 680 S 4TH ST LOUISVILLE KY 40202					T ADDRESS ST-ZIP	Richa 680 S	Treasurer Richard A. Lechleiter 680 South Fourth Street Louisville, KY 40202		☐ Change	☐X Addition .
NAME Street address	AS FORCE, JIL ONE VENC LOUISVILLE	OR PL., 680 S 4TH ST		X Delete	TITLE NAME STREET CITY-S	r address St-zip	680 S	dent J. Diaz outh Fourth ville, KY 40	Street 202	Change	<b>∑X</b> Addition

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:

Calina Robinson

502-59607399

#### **DIRECTORS**

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M. Suzanne Riedman

Director

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Richard A. Lechleiter

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