

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-26-2004 91022 022 ***150.00

DOCUMENT # F98000004011

1. Entity Name
KINDRED HEALTHCARE OPERATING, INC.



Principal Place of Business
**680 SOUTH FOURTH ST
ATTN: TAX DEPARTMENT
LOUISVILLE, KY 40202-2412**

Mailing Address
**680 SOUTH FOURTH ST
ATTN: TAX DEPARTMENT
LOUISVILLE, KY 40202-2412**

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

52-2085484

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **GILLENWATER, JAMES H**
STREET ADDRESS **680 S. FOURTH ST.**
CITY-ST-ZIP **LOUISVILLE, KY 402022412**

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

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

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

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

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

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

TITLE **VP, T** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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(502) 596-7300

Daytime Phone #