


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90066 026 ***150.00

DOCUMENT # F98000004011	
1. Entity Name KINDRED HEALTHCARE OPERATING, INC.	

40062101



04102007 Chg-P CR2E034 (12/06)

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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 52-2085484	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$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 re-registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	D RIEDMAN, SUZANNE M 680 S. FOURTH ST. LOUISVILLE, KY 402022412 <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 S. 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 BATTAFARANO, FRANK J 680 S. 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 S. 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 S. 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 S. 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 exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/07

Date

Daytime Phone #

Directors / Officers Report

ATTACHMENT 40062101

As of 2/26/2007

#F9800004011

Kindred Healthcare Operating, Inc.

Directors

Richard E. Chapman

Director

Primary Address: 680 South Fourth Street
Louisville, Kentucky 40202

Richard A. Lechleiter

Director

Primary Address: 680 South Fourth Street
Louisville, Kentucky 40202

M. Suzanne Riedman

Director

Primary Address: 680 South Fourth Street
Louisville, Kentucky 40202

Officers

Steven M Ager

Vice President, Corporate Development

Primary Address: 680 South Fourth Street
Louisville, Kentucky 40202

Janet M. Allen

Vice President, Clinical Services, Pharmacy Division

Primary Address: 680 South Fourth Street
Louisville, Kentucky 40202

William M. Altman

Senior Vice President, Compliance and Government Programs

Primary Address: 680 South Fourth Street
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Pamela J. Athanas

Vice President, Clinical Operations, Northeast Region, Health Services Division

Primary Address: 680 South Fourth Street
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Frank J. Battafarano

Executive Vice President and President, Hospital Division

Primary Address: 680 South Fourth Street
Louisville, Kentucky 40202

Barbara L. Baylis

Senior Vice President, Clinical and Residential Services, Health Services Division

Primary Address: 680 South Fourth Street
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Kimberly A. Beach

Vice President, Operational Systems, Health Services

#F9800004011

Kindred Healthcare Operating, Inc.**Division**

Primary Address: 680 South Fourth Street
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Michael W. Beal**Senior Vice President, Northeast Region, Health Services Division**

Primary Address: 200 Brickstone Plaza
5th Floor
Andover, Massachusetts 01810

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Primary Address: 680 South Fourth Street
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Gaylia B. Bond**Senior Vice President, Human Resources, Hospital Division**

Primary Address: 680 South Fourth Street
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Lane M. Bowen**Executive Vice President and President, Health Services Division**

Primary Address: 680 South Fourth Street
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Benjamin A. Breier**President, Peoplefirst Rehabilitation Services**

Primary Address: 680 South Fourth Street
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Lore W Brownson**Vice President, Peoplefirst Counsel**

Primary Address: 680 South Fourth Street
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Otto J Bruning**Vice President, Facilities Management, Health Services Division**

Primary Address: 680 South Fourth Street
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Scott A. Burns**Vice President, Sales and Marketing, Pharmacy Division**

Primary Address: 680 South Fourth Street
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John P. Caron**Vice President, Finance, South Region, Hospital Division**

Primary Address: 680 South Fourth Street
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#19800000401

Kindred Healthcare Operating, Inc.

Richard E. Chapman

**Executive Vice President and Chief Administrative
and Information Officer**

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Michael J. Comer

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**Vice President, Operations, East Region, Hospital
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Primary Address: 1313 St. Anthony Place
5th Floor
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Douglas L. Curnutte

Vice President, Facilities and Real Estate

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**Senior Vice President, South Region, Hospital
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Primary Address: 8751 W. Broward Blvd.
Suite 408
Plantation, Florida 33324

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Vice President and Controller, Hospital Division

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**Senior Vice President, Central Region, Health
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#F980000401

Kindred Healthcare Operating, Inc.

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President and Chief Executive Officer

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Primary Address: 680 South Fourth Street
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Scott M. Juetten

Vice President and Controller, Health Services

Directors / Officers Report

ATTACHMENT 40062101 As of 2/26/2007
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Kindred Healthcare Operating, Inc.

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Primary Address: 680 South Fourth Street
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#7800004011

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#F9800004011

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Directors / Officers Report

ATTACHMENT 40062101

As of 2/26/2007

#F98000004/CA/

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