2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary of State DOCUMENT # F98000004011 01-31-2008 90026 040 ***150.00 KINDRED HEALTHCARE OPERATING, INC. 40015035 Principal Place of Business Mailing Address 680 SOUTH FOURTH ST 680 SOUTH FOURTH ST ATTN: TAX DEPARTMENT ATTN: TAX DEPARTMENT LOUISVILLE, KY 40202-2412 LOUISVILLE, KY 40202-2412 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 01182008 CR2E034 (12/06) Chq-P Applied For City & State City & State 4. EEI Number 52-2085484 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 (NOTC Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 TITLE THLE Change noitibhA [] Delete RIEDMAN, SUZANNE M NAME NAME STREET ADDRESS 680 S. FOURTH ST. STREET ADDRESS LOUISVILE, KY 402022412 CITY-ST-ZIP CITY-ST-7/P TITLE Delete TITLE Addition WINDHORST, DAVID R NAME MARIE STREET ADDRESS 680 S. FOURTH ST. STREET ADDRESS LOUISVILLE, KY 40202 CITY-ST-ZIP CITY-ST-ZIP Delete Channe Channe ☐ Addition BATTAFARANO, FRANK J NAME NAME 680 S. FOURTH ST. STREET ADDRESS STREET ADDRESS LOUISVILLE, KY 40202 CITY-ST-ZIP CiTY-ST-7/P Delete Change Addition TITLE TITLE ROBINSON, HANK 680 S. FOURTH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LOUISVILLE, KY 40202 CITY-ST-2IP TITLE ☐ Delete TITLE ☐ Chance Addition LECHLEITER, RICHARD A NAME NAME STREET ADDRESS 680 S. FOURTH ST. STREET ADDRESS LOUISVILLE, KY 40202 CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE Delete TITLE LANDENWICH, JOSEPH L NAME NAME STREET ADDRESS 680 S. FOURTH ST. STREET ADDRESS LOUISVILLE, KY 40202 CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 snall 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.

1/24/08

(SUZ) 596-7300

FILED Jan 31, 2008 8:00 am

As of 1/18/2008

#F9860004011

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