

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000004011

FILED
Apr 18, 2011
Secretary of State

Entity Name: KINDRED HEALTHCARE OPERATING, INC.

Current Principal Place of Business:

680 SOUTH FOURTH ST
ATTN: TAX DEPARTMENT
LOUISVILLE, KY 402022412

New Principal Place of Business:

Current Mailing Address:

680 SOUTH FOURTH ST
ATTN: TAX DEPARTMENT
LOUISVILLE, KY 402022412

New Mailing Address:

FEI Number: 52-2085484

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: RIEDMAN, SUZANNE M
Address: 680 S. FOURTH ST.
City-St-Zip: LOUISVILLE, KY 402022412

Title: D
Name: CHAPMAN, RICHARD E
Address: 680 S. FOURTH ST.
City-St-Zip: LOUISVILLE, KY 40202

Title: P
Name: BIRD, CHRISTOPHER M
Address: 680 S. FOURTH ST.
City-St-Zip: LOUISVILLE, KY 40202

Title: SVPT
Name: ROBINSON, HANK
Address: 680 S. FOURTH ST.
City-St-Zip: LOUISVILLE, KY 40202

Title: D
Name: LECHLEITER, RICHARD A
Address: 680 S. FOURTH ST.
City-St-Zip: LOUISVILLE, KY 40202

Title: S
Name: LANDENWICH, JOSEPH L
Address: 680 S. FOURTH ST.
City-St-Zip: LOUISVILLE, KY 40202

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HANK ROBINSON

SVPT

04/18/2011

Electronic Signature of Signing Officer or Director

Date