FILED

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

## Apr 11, 2003 8:00 am Secretary of State F98000004011 **DOCUMENT #** 04-11-2003 90188 038 \*\*\*150.00 1. Entity Name KINDRED HEALTHCARE OPERATING, INC. Mailing Address Principal Place of Business 680 SOUTH FOURTH ST 680 SOUTH FOURTH ST ATTN: TAX DEPARTMENT ATTN: TAX DEPARTMENT LOUI\$VILLE KY 40202-2412 LOUISVILLE KY 40202-2412 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. (X) CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 52-2085484 Not Applicable Zip Zip Country 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 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature d when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition ☐ Change ☐ Delete TITLE TITL F GILLENWATER, JAMES H NAME NAME 680 S. FOURTH ST. STREET ADDRESS STREET ADDRESS LOUISVILE KY 40202-2412 CITY-ST-ZIP CITY-ST-ZIP Vice President David R. Windhorst 680 South Fourth Street Addition SVP TITLE □XI Delete TITLE ☐ Change OLIVER, JOHN V NAME NAME 680 S. FOURTH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LOUISVILE KY 40202-2412 CITY-ST-ZIP Louisville, KY 40202 Delete 🛴 TITLE President Paul J. Diaz TITLE Change Addition BATAFARNO, FRANK J NAME NAME 680 S. FOURTH ST. STREET ADDRESS STREET ADDRESS 680 South Fourth Street CITY-ST-ZIP LOUISVILE KY 40202-2412 CITY-ST-ZIP <u>Louisville, KY 40202</u> TITLE Vice-President ☐ Change ▼ Addition TITLE 🙀 Delete ALTMAN, WILLIAM M NAME Hank Robinson NAME STREET ADDRESS 680 S. FOURTH ST. STREET ADDRESS 680 South Fourth Street LOUISVILE KY 40202-2412 CITY-ST-ZIP CITY-ST-ZIP <u>Louisville, KY 40202</u> TITLE TITLE ☐ Change X Addition Delete Treasurer NAME PUGH, BRIAN L NAME Richard A. LEchleiter STREET ADDRESS 680 S. FOURTH ST. STREET ADDRESS 680 South Fourth Street LOUISVILE KY 40202-2412 CITY-ST-ZIP CITY-ST-2IP Louisville, KY 40202 Addition **VPCO** TITLE ☐ Change TITLE X Delete Secretary Joseph L. Landenwich 680 South Fourth Street LUSK, RUTH A NAME STREET ADDRESS 680 S. FOURTH ST. STREET ADDRESS LOUISVILE KY 40202-2412 CITY-ST-ZIP CITY-ST-7IP Louisville, KY 40202 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

SIGNATURE:

TOWN WORKER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered

Hank Robinson

1chment

## Kindred Healthcare Operating, Inc.

## **DIRECTORS**

James H. Gillenwater, Jr.

Director

Primary

680 South Fourth Avenue

Address:

Louisville, KY 40202

M. Suzanne Riedman

Director

Primary Address: 680 South Fourth Avenue Louisville, KY 40202

Richard A. Lechleiter

Director

Primary Address:

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Louisville, KY 40202

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Chief Administrative and Information Officer and Senior Vice President

Primary Address: \_\_

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President and Chief Operating Officer

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Vice President, I/S and Administration

Primary Address:

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Kindred Healthcare Operating, Inc.

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Kindred Healthcare Operating, Inc.

Attachment \$10000004011

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