2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # M07000003596 01-31-2008 90065 022 ***138.75 KINDRED HOSPITAL PALM BEACH, L.L.C. Principal Place of Business Mailing Address 60005054 **680 SOUTH FOURTH STREET 680 SOUTH FOURTH STREET** LOUISVILLE, KY 40202 LOUISVILLE, KY 40202 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01182008 Chq-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-3329716 Not Applicable Zip Country Zip Country \$5.00 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 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 City Zip Code FL 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 at applicable (NOTE; Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 ... Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE Defete TITLE ■ Addition NAME LECHLETIER, RICHARD A NAME Lechleiter, Richard A. STREET ADDRESS 680 SOUTH FOURTH STREET STREET ADDRESS CITY-ST-ZIP LOUISVILLE, KY 40202 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition CHAPMAN, RICHARD E NAME STREET ADDRESS 680 SOUTH FOURTH STREET STREET ADDRESS CITY-ST-ZIP LOUISVILLE, KY 40202 CITY-ST-7tP TITLE ☐ Delete TITLE Addition ☐ Change NAME BATTAFARANO, FRANK J STREET ADDRESS 680 SOUTH FOURTH STREET STREET ADDRESS LOUISVILLE, KY 40202 CITY-ST-ZIP CITY-ST-ZIP Sr. VP-Tax, Treasurer TITLE ☐ Delete □ Change Addition Hank Robinson NAME NAME 690 S. 4Th St STREET ADDRESS STREET ADDRESS Louisville, Ky 40202 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED Jan 31, 2008 8:00 am **Directors / Officers Report**

#140700003596

As of 1/18/2008

Kindred Hospital Palm Beach, L.L.C.

Officers

Douglas J. Abell, Jr.

Vice President and Corporate Counsel

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Steven M Ager

Vice President, Corporate Development

Primary Address:

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Directors / Officers Report

ATTACHMENT

As of 1/18/2008

Kindred Hospital Palm Beach, L.L.C.

#M0700003596

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*ATTACHMENT

Directors / Officers Report

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Senior Vice President, Finance, Hospital Division

Directors / Officers Report

NOT-W000596

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Manager

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Richard A. Lechleiter

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