

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000003596

FILED
Apr 20, 2009
Secretary of State

Entity Name: KINDRED HOSPITAL PALM BEACH, L.L.C.

Current Principal Place of Business:

680 SOUTH FOURTH STREET
LOUISVILLE, KY 40202

New Principal Place of Business:

Current Mailing Address:

680 SOUTH FOURTH STREET
LOUISVILLE, KY 40202

New Mailing Address:

FEI Number: 20-3329716

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LECHLEITER, RICHARD A
Address: 680 SOUTH FOURTH STREET
City-St-Zip: LOUISVILLE, KY 40202

Title: MGR () Delete
Name: CHAPMAN, RICHARD E
Address: 680 SOUTH FOURTH STREET
City-St-Zip: LOUISVILLE, KY 40202

Title: MGR () Delete
Name: BATTAFARANO, FRANK J
Address: 680 SOUTH FOURTH STREET
City-St-Zip: LOUISVILLE, KY 40202

Title: SRVT () Delete
Name: ROBINSON, HANK
Address: 680 S 4TH ST
City-St-Zip: LOUISVILLE, KY 40202

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: BREIER, BENJAMIN A
Address: 680 SOUTH FOURTH STREET
City-St-Zip: LOUISVILLE, KY 40202

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: HANK ROBINSON

SRVT

04/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date