

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000003596

FILED
Apr 18, 2011
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
Name: LECHLEITER, RICHARD A
Address: 680 SOUTH FOURTH STREET
City-St-Zip: LOUISVILLE, KY 40202

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

Title: MGR
Name: WINTER, JEFFREY P
Address: 680 SOUTH FOURTH STREET
City-St-Zip: LOUISVILLE, KY 40202

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

Title: COO
Name: BREIER, BENJAMIN A
Address: 680 SOUTH FOURTH STREET
City-St-Zip: LOUISVILLE, KY 40202

I hereby 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

SVPT

04/18/2011

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