

12/13/22, 9:01 AM

Division of Corporations

**M22000019134**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (954)208-0845  
Fax Number : (614)573-3996

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: Kimberly.Dunn@ScionHealth.com

**Foreign Limited Liability Company  
Kindred Hospital Orlando, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
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**Please keep the original filing date of 12/13/22**

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DEC 20 2022

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. Kindred Hospital Orlando, LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. Delaware 3. 88-4196234  
(Jurisdiction under the law of which foreign limited liability company is organized) (EIN number, if applicable)

4. N/A  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 680 South Fourth Street, Louisville KY 40202 6. 680 South Fourth Street, Louisville KY 40202  
(Street Address of Principal Office) (Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C.T. Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

**Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

By: C.T. Corporation System Stephen Rullis  
(Registered agent's signature) (VP & Asst. Secy.)

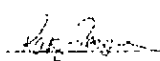
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total].

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Scott Graeser</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Michael Moody</u>
<input type="checkbox"/> Member	Address: <u>680 South Fourth Street</u>	<input type="checkbox"/> Member	Address: <u>680 South Fourth Street</u>
<input type="checkbox"/> Authorized	<u>Louisville, KY 40202</u>	<input type="checkbox"/> Authorized	<u>Louisville, KY 40202</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	Name: <u>Kathy Teague</u>	 <input checked="" type="checkbox"/> Manager	Name: <u>Michael Bean</u>
<input type="checkbox"/> Member	Address: <u>680 South Fourth Street</u>	<input type="checkbox"/> Member	Address: <u>680 South Fourth Street</u>
<input type="checkbox"/> Authorized	<u>Louisville, KY 40202</u>	<input type="checkbox"/> Authorized	<u>Louisville, KY 40202</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	Name: <u>Deanna Schiavone</u>	 <input checked="" type="checkbox"/> Manager	Name: <u>Richard Algood</u>
<input type="checkbox"/> Member	Address: <u>680 South Fourth Street</u>	<input type="checkbox"/> Member	Address: <u>680 South Fourth Street</u>
<input type="checkbox"/> Authorized	<u>Louisville, KY 40202</u>	<input type="checkbox"/> Authorized	<u>Louisville, KY 40202</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.135, F.S.



Digitally signed by Kathy Teague  
Date: 2022.12.27 15:40:47 -0500

\_\_\_\_\_  
Signature of an authorized person

Kathy Teague, Vice President, Legal Processes Corporate Secretary

\_\_\_\_\_  
Typed or printed name of signer

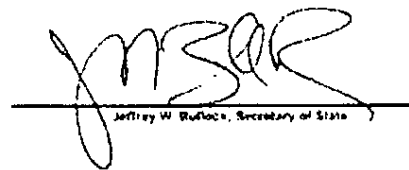
# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KINDRED HOSPITAL ORLANDO, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF DECEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



Jeffrey W. Bullock, Secretary of State

6887517 8300

SR# 20224243315

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 205072433

Date: 12-12-22