

M23000006355

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: ct-statecommunications@wolterskluwer.com

Foreign Limited Liability Company
KINDRED HOSPITAL NAPLES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Kindred Hospital Naples, LLC
 (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC".)

2. Delaware
 (Jurisdiction under the law of which foreign limited liability company is organized.)

3. 88-4211929
 (EIN number, if applicable)

4. N/A
 (Date first transacted business in Florida, if prior to registration.)
 (See sections 605.0901 & 605.0903, F.S., to determine penalty liability.)

5. 680 South Fourth Street
 (Street Address of Principal Office)

6. 680 South Fourth Street
 (Mailing Address)

Louisville, Kentucky, 40202

Louisville, Kentucky, 40202

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)

FILED
 MAY 16 AM 11:18
 TELEPHASE UNIT

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
 (Registered agent's signature) Stephen Rullis
 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>Michael J. Bean</u>	<input type="checkbox"/> Manager	Name: <u>Scott Graeser</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, Kentucky, 40202</u>	<input type="checkbox"/> Authorized	<u>Louisville, Kentucky, 40202</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input checked="" type="checkbox"/> Manager	Name: <u>Kathy Teague</u>	<input type="checkbox"/> Manager	Name: <u>Deanna Schiavone</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, Kentucky, 40202</u>	<input type="checkbox"/> Authorized	<u>Louisville, Kentucky, 40202</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input type="checkbox"/> Manager	Name: <u>Michael Moody</u>	<input 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, Kentucky, 40202</u>	<input type="checkbox"/> Authorized	<u>Louisville, Kentucky, 40202</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>

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 817.155, F.S.

Kathy Teague

Digitally signed by Kathy Teague
Date: 2023.04.19 16:48:00 -04'00'

Signature of an authorized person

Kathy Teague, Vice President and Corporate Secretary

Typed or printed name of signer

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "KINDRED HOSPITAL NAPLES, 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 NINETEENTH DAY OF APRIL, A.D. 2023.

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



7097992 8300

SR# 20231531314

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203175033

Date: 04-19-23