2008 FOR PROFIT CORPORATION

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 31, 2008 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # P93000019431 01-31-2008 90026 041 ***150.00 TRANSITIONAL HOSPITALS CORPORATION OF TAMPA, INC. Principal Place of Business Mailing Address 680 SOUTH FOURTH ST 680 SOUTH FOURTH ST STE 3300 ATTN: TAX DEPT LOUISVILLE, KY 40202-2412 US LOUISVILLE, KY 40202-2412 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc 01182008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable 59-3170069 Zip Country Country \$8.75 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 Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION, FL 33324 City Zip Code 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, whed or printed name of registered agent and title if applicable INOTE: Registered Agent signature required when religiblished DATE 9. Election Campaign Financing \$5.00 May 8e FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Addition Change CHAPMAN, RICHARD E NAME STREET ADORESS 680 S 4TH ST STREET ADDRESS CITY-ST-ZIP LOUISVILLE, KY 40202 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition BATTAFARANO, FRANK J NAME NAME STREET ADDRESS 680 \$ 4TH ST STREET ADDRESS CITY-ST-ZIP LOUISVILLE, KY 402020 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition LANDENWICH, JOSEPH L NAME NAME STREET ADDRESS 680 SOUTH FOURTH STREET STREET ADDRESS CITY-ST-ZIP LOUISVILLE, KY 40202 CITY-ST-ZiP TITLE ☐ Delete THILE ☐ Change Addition LECHLEITER, RICHARD A NAME STREET ADDRESS 680 SOUTH FOURTH STREET STREET ADDRESS CITY-ST-ZIP LOUISVILLE, KY 40202 CITY-ST-ZIP TITLE Delete HILE Change Addition ROBINSON, HANK NAME STREET ADDRESS 680 SOUTH FOURTH STREET STREET ADDRESS CITY-ST-ZIP LOUISVILLE, KY 40202 CITY-ST-7iP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED

Transitional Hospitals Corporation of Tampa, Inc.# P9300001943/

Directors

Frank J. Battafarano

Director

Primary Address:

680 South Fourth Street Louisville, Kentucky 40202

Richard E. Chapman

Director

Primary Address:

680 South Fourth Street Louisville, Kentucky 40202

Richard A. Lechleiter

Director

Primary Address:

680 South Fourth Street Louisville, Kentucky 40202

Officers

Douglas J. Abell, Jr.

Vice President and Corporate Counsel

Primary Address:

680 South Fourth Street Louisville, Kentucky 40202

Steven M Ager

Vice President, Corporate Development

Primary Address:

680 South Fourth Street Louisville, Kentucky 40202

William M. Altman

Senior Vice President, Strategic and Public Policy

Primary Address:

680 South Fourth Street Louisville, Kentucky 40202

Frank J. Battafarano

Executive Vice President and President, Hospital

Division

Primary Address:

680 South Fourth Street Louisville, Kentucky 40202

Michael J. Bean

Vice President, Tax

Primary Address:

680 South Fourth Street Louisville, Kentucky 40202

Gaylia B. Bond

Senior Vice President, Human Resources, Hospital

Division

Primary Address:

680 South Fourth Street Louisville, Kentucky 40202

Richard E. Chapman

Executive Vice President and Chief Administrative

and Information Officer

Primary Address:

680 South Fourth Street

Directors / Officers Report

As of 1/18/2008

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Transitional Hospitals Corporation of Tampa, Inc.

Louisville, Kentucky 40202

Michael J. Comer

Vice President, Chief Financial Officer, West Group

Primary Address:

200 Hospital Circle

Westminster, California 92683

Roderick J. Cowgill

Vice President, Facilities Management, Hospital

Division

Primary Address:

680 South Fourth Street Louisville, Kentucky 40202

Douglas L. Curnutte

Vice President, Facilities and Real Estate

Primary Address:

680 South Fourth Street Louisville, Kentucky 40202

Joel W. Day

Vice President and Controller, Hospital Division

Primary Address:

680 South Fourth Street Louisville, Kentucky 40202

Anthony Disser

Senior Vice President, Chief Clinical Officer, Hospital

Division

Primary Address:

680 South Fourth Street Louisville, Kentucky 40202

Paul R. Eiseman

Vice President, Business Development and Physician

Relations, Hospital Division

Primary Address:

680 South Fourth Street Louisville, Kentucky 40202

Charles M. Grannan

Vice President, Purchasing

Primary Address:

680 South Fourth Street Louisville, Kentucky 40202

Peter K. Kalmey

Vice President, Chief Financial Officer, East Group,

Hospital Division

Primary Address:

680 South Fourth Street

Louisville, Kentucky 40202

Joseph L. Landenwich

Senior Vice President, Corporate Legal Affairs and

Corporate Secretary

Primary Address:

680 South Fourth Street

Louisville, Kentucky 40202

Ronald C. Lazas

Vice President and Chief Counsel, Hospital Division

Primary Address:

680 South Fourth Street

Louisville, Kentucky 40202

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Directors / Officers Report

As of 1/18/2008

#P9300001943)

Transitional Hospitals Corporation of Tampa, Inc.

Richard A. Lechleiter

Executive Vice President and Chief Financial Officer

Primary Address:

680 South Fourth Street Louisville, Kentucky 40202

Patricia M. McGillan

Vice President, Patient Safety and Regulatory

Compliance, Hospital Division

Primary Address:

680 South Fourth Street Louisville, Kentucky 40202

Gregory C. Miller

Senior Vice President, Development and Financial

Planning

Primary Address:

680 South Fourth Street Louisville, Kentucky 40202

Steven L. Monaghan

Executive Vice President, West Group, Hospital

Division

Primary Address:

2544 West Montrose Blvd.

Chicago, Illinois 60618

Sean R. Muldoon

Chief Clinical Officer and Senior Vice President,

Hospital Division

Primary Address:

680 South Fourth Street

Louisville, Kentucky 40202

James J. Novak

Executive Vice President, East Group, Hospital

Division

Primary Address:

8751 West Broward Blvd.

Suite 408

Plantation, Florida 33324

Linda M. O'Bryan

Vice President, Patient Care and Quality, Hospital

Division

Primary Address:

680 South Fourth Street

Louisville, Kentucky 40202

M. Suzanne Riedman

Senior Vice President and General Counsel

Primary Address:

680 South Fourth Street

Louisville, Kentucky 40202

Donald H. Robinson

Senior Vice President, Tax and Treasurer

Primary Address:

680 South Fourth Street

Louisville, Kentucky 40202

Arthur L. Rothgerber

Senior Vice President, Reimbursement

Primary Address:

680 South Fourth Street

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Directors / Officers Report

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Transitional Hospitals Corporation of Tampa, Inc.

Louisville, Kentucky 40202

Traci K. Shelton

Senior Vice President, Chief Operating Officer, West

Group, Hospital Division

Primary Address:

200 Hospital Circle

Westminster, California 92683

Linda M. Tiemens

Senior Vice President, Chief Operating Officer, East

Group, Hospital Division

Primary Address:

8751 W. Broward Blvd.

Ste. 408

Plantation, Florida 33324

Anthony P. Whitehead

Senior Vice President, Finance, Hospital Division

Primary Address:

680 South Fourth Street Louisville, Kentucky 40202

Kathleen M. Wiljanen

Vice President of Managed Care

Primary Address:

680 South Fourth Street Louisville, Kentucky 40202