2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000019431

Entity Name: TRANSITIONAL HOSPITALS CORPORATION OF TAMPA, INC.

FILED Apr 27, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

680 SOUTH FOURTH ST LOUISVILLE, KY 402022412 US

Current Mailing Address: New Mailing Address:

680 SOUTH FOURTH ST ATTN: TAX DEPT LOUISVILLE, KY 402022412 US

FEI Number: 59-3170069 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324 US

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: [

Name: CHAPMAN, RICHARD E Address: 680 S 4TH ST

City-St-Zip: LOUISVILLE, KY 40202

Title: D

Name: BREIER, BENJAMIN A

Address: 680 S 4TH ST

City-St-Zip: LOUISVILLE, KY 402020

Title: S

Name: LANDENWICH, JOSEPH L
Address: 680 SOUTH FOURTH STREET
City-St-Zip: LOUISVILLE, KY 40202

Title: [

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

Title: SVPT

Name: ROBINSON, HANK

Address: 680 SOUTH FOURTH STREET City-St-Zip: LOUISVILLE, KY 40202

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HANK ROBINSON SVPT 04/27/2010