2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2012
Secretary of State

DOCUMENT# P93000019431

Entity Name: TRANSITIONAL HOSPITALS CORPORATION OF TAMPA, INC.

Current Principal Place of Business:

680 SOUTH FOURTH ST
LOUISVILLE, KY 402022412 US

New Principal Place of Business:

Current Mailing Address:

680 SOUTH FOURTH ST
LOUISVILLE, KY 402022412 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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

OFFICERS AND DIRECTORS:

Title: D
Name: CHAPMAN, RICHARD E
Address: 680 S 4TH ST
City-St-Zip: LOUISVILLE, KY 40202

Title: COO
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: D
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 03/30/2012

Electronic Signature of Signing Officer or Director Date