## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 08, 2002 8:00 am Secretary of State DOCUMENT # M9800000275 1. Eritity Name \* 05-08-2002 90078 029 \*\*\*\*50.00 KINDRED NURSING CENTERS EAST, L.L.C. Principal Place of Business Mailing Address 680 SOUTH FOURTH STREET 680 SOUTH FOURTH STREET 680 SUBTH FOURTH IS 9.56622ATTN: TAX DEPT. 680 SOUTH FO ATTN: TAX DEPT. LOUISVILLE KY 40202 ATTN. FAY DE LOUISVILLE KY 40202 LODIEVILLE TO LUZO? LOUISVILLE E. , . . . . 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 52-2085557 Not Applicable Zip Zip Country 5. Certificate of Status Desired \$5.00 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 PLANTATION FL 33324 City Zip Code FL 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR ☐ Delete TITLE LIGH ☐ Addition Change NAME GILLNEWATER, JAMES H JR. NAME GILLNEWATER, JAMES HUR. STREET ADDRESS 680 SOUTH FOURTH STREET STREET ADDRESS ECO SOUTH FOUNTH STREET CITY-ST-ZIP LOUISVILLE KY 40202 CITY-ST-ZIP LOURSYLLE KY 40200 TITLE ☐ Delete TITLE MANAGER ☐ Change Addition NAME NAME RICHARD: A. LECHLEITER 680 SOUTH FOURTH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LOUISVILLE, KY 40202 TITLE ☐ Delete TITLE MANAGER ☐ Change Addition NAME NAME M. SUZANNE REIDMAN STREET ADDRESS STREET ADDRESS 680 SOUTH FOURTH STREET CITY-ST-7IP# LOUISVILLE, KY 40202 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

RICHARD A LECHLEITER

RINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

SIGNATURE AND TYPED OF

CR2E083 (9/01)

Daytime Phone #

502-596-7300

**FILED** 

Kindred Nursing Centers East, LLC

Attachment 9576622 HM98000000275

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## **OFFICERS**

William M. Altman

Vice President, Compliance and Government Relations A CONTRACTOR OF THE PROPERTY O

Primary Address:

680 South Fourth Avenue

Louisville, KY 40202

Kimberly A. Beach

Vice President, Operational Systems

Primary Address:

680 South Fourth Avenue Lousiville, KY 40202

Lane M. Bowen

Senior Vice President, Pacific Region

Primary Address:

680 South Fourth Avenue Lousiville, KY 40202

Richard E. Chapman Primary Address: -

Chief Administrative and Information Officer and Senior Vice President

680 South Fourth Avenue

Louisville, KY 40202

R. John Cowgill

Primary Address:

Vice President, Facilities Management

680 South Fourth Avenue Louisville, KY 40202

Paul J. Diaz

President and Chief Operating Officer

Primary Address:

680 South Fourth Avenue

Louisville, KY 40202

Paul R. Eiseman

Vice President, Business Development; Hospital Division

Primary Address: 680 South Fourth Avenue

Louisville, KY 40202

Dennis J. Ertel

Vice President, Clinical/Business Systems Development

Primary Address: 680 South Fourth Avenue

Louisville, KY 40202-2412

James R. Fegan, MD Primary Address:

Chief Medical Officer, Health Services Division 680 South Fourth Avenue

Louisville, Kentucky 40202

Donald D. Finney

President, Health Services Division

Primary Address:

680 South Fourth Avenue

Louisville, Kentucky 40202

James H. Gillenwater, Jr.

Senior Vice President, Planning and Development 680 South Fourth Avenue

Louisville, KY 40202

Richard Gurka

Senior Vice President, Health Services Division

Primary Address:

Primary Address:

680 South Fourth Avenue

Louisville, KY 40202

Dennis J. Hansen

Vice President, Reimbursement; Health Services Division

Primary Address:

680 South Fourth Avenue

Louisville, Kentucky 40202

Donna G. Kelsev

Senior Vice President, Northeast Region

Primary Address: 680 South Fourth Avenue

Louisville, KY 40202

## Kindred Nursing Centers East, LLC

Attachment 956622 HM9800000275

Edward L. Kuntz

**Chief Executive Officer** 

Primary Address:

680 South Fourth Avenue Louisville, Kentucky 40202

Joseph L. Landenwich

Vice President, Corporate Legal Affairs and Corporate Secretary

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

Richard A. Lechleiter

Senior Vice President, CFO and Treasurer

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

Katheryn J. Markham

Vice President, Information Systems

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

Susan E. Moss

Vice President, Corporate Communications

Primary Address: \_\_\_\_\_680 South Fourth Avenue

Louisville, KY 40202

M. Suzanne Riedman

Senior Vice President and General Counsel

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

Arthur L. Rothgerber

Vice President, Reimbursement

29

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

Robert E. Schmidt

Vice President, Finance; Health Services Division

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

Keith M. Sherman

Vice President, Human Resources and Labor Relations

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

David R. Stordy

Senior Vice President, South Region

Primary Address:

680 South Fourth Avenue Louisville, KY 40202-2412

Terry Tackett

Senior Vice President, Central Region

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

David R. Windhorst

Vice President, Financial Systems Development

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

Kindred Nursing Centers East, LLC

**MANAGERS** 

James H. Gillenwater, Jr.

Manager

Primary Address:

680 South Fourth Avenue

Louisville, KY 40202

M. Suzanne Riedman

Manager

Primary Address:

680 South Fourth Avenue

Louisville, KY 40202

Richard A. Lechleiter

Manager

Primary Address:

680 South Fourth Avenue

Louisville, KY 40202

Attachment 9576627 HM9800000028