

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90044 037 ****50.00

DOCUMENT # M98000000275

1. Entity Name
KINDRED NURSING CENTERS EAST, L.L.C.



Principal Place of Business
**680 SOUTH FOURTH STREET
ATTN: TAX DEPT.
LOUISVILLE, KY 40202**

Mailing Address
**680 SOUTH FOURTH STREET
ATTN: TAX DEPT.
LOUISVILLE, KY 40202**

24000000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202004 Chg-LLC CR2E083 (10/03)

4. FEI Number
52-2085557

Applied For
Not Applicable

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**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☒ Delete
NAME GILLENWATER, JAMIE H JR
STREET ADDRESS 680 SOUTH FOURTH STREET
CITY-ST-ZIP LOUISVILLE, KY 40202

TITLE Mgr. ☐ Change ☒ Addition
NAME Richard E. Chapman
STREET ADDRESS 680 SOUTH FOURTH ST.
CITY-ST-ZIP Louisville, Ky 40202

TITLE MGR ☐ Delete
NAME LECHLEITER, RICHARD A
STREET ADDRESS 680 SOUTH FOURTH STREET
CITY-ST-ZIP LOUISVILLE, KY 40202

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME REIDMAN, SUZANNE
STREET ADDRESS 680 SOUTH FOURTH STREET
CITY-ST-ZIP LOUISVILLE, KY 40202

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME ROBINSON, HANK
STREET ADDRESS 680 S. FOURTH ST
CITY-ST-ZIP LOUISVILLE, KY 40202

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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.

SIGNATURE:

Hank Robinson

Hank Robinson

4/22/2004

(502) 596-7300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Kindred Nursing Centers East, LLC *Attachments - 11/18/00 000270*
24053978

MANAGERS

M. Suzanne Riedman Manager
Primary Address: 680 South Fourth Avenue
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Richard A. Lechleiter Manager
Primary Address: 680 South Fourth Avenue
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Richard E. Chapman Manager
Primary Address: 680 South Fourth Avenue
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OFFICERS

William M. Altman Senior Vice President, Compliance and Government Programs
Primary Address: 680 South Fourth Avenue
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Pamela Athanas Vice Pres., Clinical Operations, Northeast Region, Health Services Division
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Lane M. Bowen President, Health Services Division
Primary Address: 680 South Fourth Avenue
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Richard F. Carrico Vice President, Internal Audit
Primary Address: 680 South Fourth Avenue
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Richard E. Chapman Chief Administrative and Information Officer and Senior Vice President
Primary Address: 680 South Fourth Avenue
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Michael J. Comer Vice President, Finance; West Region, Hospital Division
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Primary Address: 680 South Fourth Avenue
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Kindred Nursing Centers East, LLC

Attachment 11/8/00 2007

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Vice President, Operations; South Region, Hospital Division

240539718

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President and Chief Executive Officer

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Vice President, I/S and Administration

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Vice President, Business Development; Hospital Division

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Chief Medical Officer and Senior Vice President; Health Services Division

Susan M. Kreuser

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Senior Vice President, Pacific Region, Health Services Division

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Vice President, Corporate Finance

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*Attachment - 178000200275
24053970*

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Ronald C. Lazas Primary Address:	Vice President and Chief Counsel, Hospital Division 680 South Fourth Avenue Louisville, KY 40202
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Kindred Nursing Centers East, LLC

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24053978*

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Senior Vice President and General Counsel

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Attest - MA8020000275

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