2006 LIMITED LIABILITY COMPANY

Apr 24, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # M98000000275** 04-24-2006 90055 049 ****50.00 KINDRED NURSING CENTERS EAST, L.L.C. Principal Place of Business Mailing Address 40058376 **680 SOUTH FOURTH STREET** 680 SOUTH FOURTH STREET ATTN: TAX DEPT. ATTN: TAX DEPT. LOUISVILLE, KY 40202 LOUISVILLE, KY 40202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04132006 Chg-LLC CR2E083 (11/05) City & State 4. FEI Number City & State Applied For 52-2085557 Not Applicable Zip Country Zip Country \$5.00 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 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) 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, 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, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGR TITLE TITLE □ Delete Change ☐ Addition CHAPMAN, RICHARD E NAME NAME STREET ADDRESS **680 SOUTH FOURTH STREET** STREET ADDRESS CITY-ST-7IP LOUISVILLE, KY 40202 CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME LECHLEITER, RICHARD A NAME STREET ADDRESS 680 SOUTH FOURTH STREET STREET ADDRESS CITY-ST-ZIP LOUISVILLE, KY 40202 CITY-ST-ZIP TITLE Mar. M Change ☐ Addition . Delete REIDMAN, SUZANNE LARE M. BOWEN NAME NAME STREET ADDRESS **680 SOUTH FOURTH STREET** STREET ADDRESS CITY-ST-ZIP LOUISVILLE, KY 40202 CITY-ST-78P SV. VP-TAX Treasurer ☐ Delete X Change TITLE ☐ Addition ROBINSON, HANK NAME NAME STREET ADDRESS 680 S FOURTH ST STREET ADDRESS LOUISVILLE, KY 40202 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

☐ Change

☐ Addition

☐ Delete

TITLE

STREET ADDRESS

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

Directors / Officers Report

ATTACHMENT 40058376
As of 3/24/2006

Kindred Nursing Centers East, L.L.C. # MQ800000275

Officers

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Senior Vice President, Compliance and Government

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Executive Vice President and Chief Administrative

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Primary Address:

680 South Fourth Street

Directors / Officers Report

40058376 ++MQ8000000275

As of 3/24/2006

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Gregory C. Miller

Senior Vice President, Development and Financial

Planning

Directors / Officers Report

ATTACHMENT 40058376
As of 3/24/2006

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Manager

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Richard E. Chapman

Manager

Primary Address:

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ATTACHMENT

Directors / Officers Report

As of 3/24/2006

Kindred Nursing Centers East, L.L.C.

Richard A. Lechleiter

Manager

Primary Address:

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